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ORIGINAL ARTICLES.

NERVOUS MATTER—WHAT IS IT?

BY JAMES A. CARMICHAEL, M. D., NEW YORK.

IT WILL be remembered by the reader of the article under the above heading, which appeared in the April number of this journal, that after discussing, as briefly as possible, some of the salient facts in the cellulology of nervous matter—more of which will have to be referred to and individually applied as we proceed in this inquiry—that the special sense of olfaction was the first of the nervous powers selected for the purpose of beginning our investigation, and of determining, as nearly as might be, the nature of nervous matter, and to endeavor to answer the question, "What Is It?" As before said, we are fully aware of the great difficulty that lies before us, and very well know that many of the suggestions here made must, of necessity, be purely speculative, because of the obscurity that still prevails in solving many of the phenomena seen in the operations of the nervous energies of the body. But we go upon the broad principle that the best and most effectual way to arrive at the truth of any subject—particularly if it be obscure and uncertain—is to attack it vigorously, and, by dint of hard blows with the weapons of objection, surmise, speculation and doubt, and the penetrating forces of patient and subtle investigation and experiment, to uncover and expose the kernel of truth that is concealed from view, and which may have hitherto defied all and every effort to bring to light. Let us begin the study of the special sense of olfaction by regarding it, not as an unit, as it is generally stated to be in the books, but as a compound sense, and capable of being divided into three distinct departments, so to speak, and hence may be denominated the triple, or tripartite, sense of olfaction, manifesting primary, secondary, tertiary, and even more phenomena, all resulting from the initial act and fact of olfaction, and propagated therefrom.

A little of anatomical detail, as little as possible, must come in here to give us material to work with, to exhibit and try to prove the existence of the sources from which triple olfactory phenomena proceed, and by which they are made manifest. Three nervous forces are confided to the nostrils, and they come from distinct departments of the great nervous organizations of the body, severally denominated the cerebro-spinal axis, or center, consisting of cerbrum, cerebellum, medulla oblongata and spinal cord, and sympathetic, or ganglionic system. The statement of this fact alone is sufficient to indicate not only the numerous associations of olfaction, but the multiple powers of this sense, and also the diversity of functional characteristics dispensed by those powers. Let us consider, first, the grosser elements of olfaction, viz., those that are appreciative of pungent and aromatic substances, and such as exhale noxious odors and vapors. This division of the triple olfactory power is, as generally understood, confined to the olfactory nerve proper, its terminal filaments and nerve-cells, olfactory cells. As these last are multiple in number, and also in distribution to the mucous membrane of the septum, upper part of the nasal fossæ, upper and middle turbinated bones and portion of the ethmoid, they simply represent the mode of distribution peculiar to all the terminal filaments and cells of nerves of the special senses. Now comes the inquiry, "Why are they thus distributed, and why is this peculiarity of distribution so invariably seen in these nerves?" We hazard the conjecture that each individual nerve-cell and filament of this branch of the olfactory sense is receptive and appreciative of *one individual odorous emanation, and of one alone*, and the multiplicity of olfactory cells and filaments embraces within its receptive and appreciative scope and olfactory power every possible emanation from the class of substances of pungent and aromatic, and also those of noxious and repulsive character. If we accept this interpretation of the powers of this member of the olfactory trinity, the next step to take is to discover its cerebral associations, and to determine, if we can, not only the portion, or portions, of the brain that are impressed by these retrocurrent olfactory impulses, but why they are thus impressed, and what elements of their organization receive and transmit them and produce the mental physical and emotional disturbances and perturbations that we so often observe? From the terminal filaments of the olfactory nerve proper, the first division of the trinity, and their associate cells, let us proceed upward and backward to the cribriform plate of the ethmoid bone. There we encounter a globular body of a grayish aspect and gelatinous to the touch. Anatomy defines this as the "bulbus olfactorius." It is composed of

a material to which the name "substantia gelatinosa" has been given in the vernacular of histology. This would imply that its integral elements are essentially gelatinous, and, therefore, inert and ineffectual. This is far from being the proper estimate of its nature, as we believe. From analogies existing everywhere throughout the nervous system, the "bulbus olfactorius" bears the same relation to the afferent powers of olfaction that the ganglia of the spinal nerves and of the great sympathetic bear to these nervous forces, and is a most important and efficient agent in the dispensation of the olfactory principle that appertains to this portion of the trinity.

What is a ganglion? The generic word signifies a swelling, but what does it mean in the sense of its physio-cellulological properties? In this connection it represents an adjunct and an indispensable one of all those nerves whose function it is to disseminate sensation throughout the body. It consists of a group of cells possessing special vitality, and of a potentiality so individual and independent in the propagation of their powers, afferent, efferent circulatory, respiratory, secretory, excretory, sensory, emotional, vital, that it is no wonder that even far back in the remote periods of physiological knowledge, before cellulology had attained any magnitude whatever, or even status of recognition among physiologists, the ganglia of the great sympathetic, and those attached to the posterior roots of the spinal nerves were denominated by an old authority in anatomy and physiology, "Winslow," "des petits cerveaux"—little brains. Especially does this vitality belong to the nerves of special sense, a vitality so exquisite in its nature, so individual in its character, and so beneficent in its endowment, that man is made to rejoice in the contemplation of the beauty so lavishly spread before his expectant eye by bounteous nature, his ear takes in her sweet sounds and those discoursed by eloquent music, and upon the wings of the wind come to him the balmy exhalations breathed from countless flowers of every hue and fragrance, and all his appetites and desires met and gratified by those little molecular granules scattered all through the hidden recesses of his body, those "petits cerveaux" that receive and minister to him and help him to feel and enjoy all the fullness and completeness of perfect life and health. Now let us question the "bulbus olfactorius" on its cerebral side as to the movements and impulses which it generates brainward, that have their expression in mentality and intellection, and also produce their effects by radiation upon other and remote parts of the body. To ascertain the influences exercised by the first member of the tripartite union, let us follow it back and pursue it in its winding way through the mazes of the brain, and try to discover how and by what agencies it transmits and delivers the messages that have been confided to it from without, and that must be accepted, approved and interpreted by cerebral power, which, in its turn, will put in operation all the forces, mental, physical, emotional and psychic or, if you please, spiritual, that are aroused and that quickly respond to the stimulus transmitted by the olfactory impulsive force. Having accepted the "bulbus" as belonging to that portion of the nervous system denominated ganglionic, then as a ganglion and containing a congeries of cells composed of grayish matter and endowed with the usual exquisite vitality peculiar to all the nerves of special sense, it must have its poles, antennæ or feelers, and these must constitute its media of communication with remote parts. Anatomy, more particularly modern anatomy, teaches us that these antennæ represent retro-current roots which may be traced to the brain, where upon closer investigation they seem to emerge from the brain substance, and are connected with it by what would seem at first to be a very superficial connection. But the keen and searching eye of investigation has traced them far back and discovered them to be deeply imbedded in the penetralia of the substance of the brain. What do the authorities say as to this, we shall see. According to Ferrier, "the olfactive sensations converge in a definite region of the cortex cerebri in the cornu ammonis. The localization is in accord with comparative anatomy, which shows the connection between the subiculum of the cornu ammonis and the olfactory lobes; when the cornu ammonis was removed, the most disagreeable objects gave no offence to either taste or smell." Broca demonstrated the close connection between the gyrus fornicatus, the gyrus hippocampi and the olfactory lobes. Of much more recent date are the views of Ludwig Edinger on the subject of the profound cerebral associations of the olfactory nerves; he says: "The tuber olfactorium is continuous with the cortex of the frontal cerebral lobe, the olfactory lobe cortex has numerous connections with regions of the brain which lie farther back, there are also tracts which serve to connect the olfactory lobe with more central portions of the brain, and with the temporal lobe." The investigations of Zuckerkandl, in comparative anatomy show that olfactory nerve-roots have their termination, not only in the cornu ammonis, but probably in the cortex of the whole gyrus hippocampi and the lobus lingualis which is associated with it. In the olfactory nerves of the lower animals there has been demonstrated an extensive system of commissures and a chiasm between them.

We here beg the indulgence of the reader for introducing so much of anatomical detail, but he will at once see the necessity for it, as the object has been to establish the uninterrupted continuity of nervous intercommunication by which alone can we hope to explain the many phenomena that

successively appear as the result of nerve stimulation, beginning extraneously, and passing onward through the chain of nervous association. One more link is wanting to form the circuit, and that we find in the series of innumerable fibrillæ, fibers, arches and columns collectively named the "Corona Radiata." These may be seen passing in every direction, interlinking the hemispheres with each other, with the inter-brain, mid-brain, the hind-brain, the medulla oblongata and spinal cord. They begin at the cortex, and are inextricably interwoven to form the medullary masses beneath it, and pass onward to complete in one continuous system of radiation the electric chain of communication and nervous inter-association by which the great instrument and factor of intellection, the brain, may make manifest and convey all its varied and wondrous powers. A few words in relation to cell-growth may not be inapt at this point, as we desire to apply them to the construction of the cortex, the consideration of which is the next step we propose to take in the line of progressive investigation. The microscope has long since shown us that all and every element and agent of animated life, of whatever kind, may be formed and fashioned by the wonderful processes of cell-proliferation. In his work upon "Bioplasm," Lionel Beale makes this declaration that "Nothing ever has existed, ever can exist, or ever will exist except by and through cell instrumentality." May it not be consistent to draw a parallel here between the operations of cell-force in the construction of human beings, nay of all generic life, whether animal, vegetable or other, and the action of those cosmogenic forces which were recognized as far back as Democritus and Lucretius—the latter of whom, in these more modern days, England's Poet Laureate makes to apostrophize Nature thus:

"And therefore now
Let her that is the womb and tomb of all, Great Nature,
Take, and forcing far apart those blind beginnings
That have made me man, dash them anew together
At her will, through all her cycles into man once more
Or beast or bird or fish or opulent flower,
But till this cosmic order everywhere, shattered into
One earthquake in one day, cracks all to pieces.
And that one hour perhaps is not so far when momentary
Man shall seem no more a something to himself,
But he, his hopes and hates, his homes and fanes,
And even his bones long laid within the grave,
The very sides of the grave itself shall pass vanishing
Atom and void, atom and void
Into the unseen, forever."

Those cosmogenic forces, we repeat, which by the movements of indivisible atoms, whirling in space and approximating and aggregating together, until what was hitherto formless and void began to assume tangible form and shape, and terrestrial solidarity ensued, so by the molecular forces of minute cells and their uninterrupted proliferation and association, all things animate start into life, and continue in that life until arrested by the natural processes of decay and death. We do not propose to go into a minute microscopic exploration of the construction of the cortex. That has been done long ago, and ably, by Stilling, Mynert Dieters, Hitzig and Fritsch, Ferrier, Charcot and a host of others, but just enough to continue adding other links in the endless chain of nervous connection and association. But here the requirements of journalistic brevity call a halt. The cortex cerebri and its affinities, physical and functional, with the special senses, beginning with the olfactory sense, will next engage our attention.

IS DRUNKENNESS CURABLE?

By Dr. F. E. Constans, Brockton, Mass.

WITHIN the last few months no question has led to so much discussion among the medical profession as Dr. Keeley and his famous bichloride of gold treatment for drunkenness. His claims are that inebriety is a disease, and must be treated as such; that ninety-five per cent. of his cases are cured, and that the cure is permanent.

Dr. Charles Earle, in the *Medical Advance*, presents an argument against the disease theory, and calls it a "passing fad," and says: "There never was yet a case of inebriety cured by the use of drugs or chemical substances introduced within or applied to the body by any manner or means whatever, and the only remedy which has conquered this degredation and vice has been education, discipline and the recognition of a moral responsibility." Yet, Col. Nate Reed says: "I have graduated from the Washingtonian home four times. I tried religion. When I prayed to God my stomach called aloud for drink. What was that but disease? I know that I was sick and am now well, and that I left Dwight on the twenty-second of last June, and have not had the desire for drink since;" and similar testimonies we read every day from prominent men in nearly every State. My own experience has been just the reverse of Dr. Earle's, and I believe, with Dr. Keeley, inebriety to be as much a disease as typhoid fever; that it is due to a poison—alcohol; that it has its symptoms, as over-stimulation of nerves and secondary exhaustion, with serious lesions of stomach, liver and brain; that it is curable by medicine, and to cure it you must treat it as you would any similar case of poisoning; first, administer the proper antidote, then treat your patient for the diseased condition caused by the action of the poison on various organs of the body.

Some months ago I conceived the idea that Dr. Keeley's cures were a misrepresentation; that it was not bichloride of gold that was performing the cures, but a more powerful drug, and that he

was simply mystifying the public with the alleged bichloride, while in reality he was administering hypodermatically a powerful antidote to alcohol, and from the symptoms described by those who had taken the cure, I was led to believe it to be either strychnine or atropine. I began to look up cases in literature and journals, and found:

Dr. Portuloff, of Russia, had cured 480 cases by giving hypodermatic injections in the arm of a solution of sulph. of strychnine, one grain dissolved in 200 drops of water, and of this solution injecting ten or fifteen minims once in twenty-four hours. In four or five days the desire for liquor was changed to positive aversion.

Dr. W. N. Jorgalski also publishes his experience with strychnine. His cases include men of most widely different vocations—ministers, merchants, farmers, etc. The results of his treatment are truly surprising. Topers, who had been addicted to drink for years, were endowed, as a result, with an invincible repugnance for alcohol, and could no longer bear spirituous liquors. The doctor administered ten injections of (1-20 grains) strychnine nitrate, combined with the internal use of strychnine pills.

Dr. Portagalow, of Samara, reports that he has cured 455 cases of dipsomania with hypodermic injections of strychnine nitrate. He says he knows only two reliable specifics—strychnine for alcoholism and quinine for malaria. After reading these statements I could readily see why Dr. Keeley guarded the medicine he injects into the arm with such care, and which he claims is only the supporting remedy, and does not effect the cure which is accomplished, as he says, by the bichloride of gold, an almost inert substance, and certainly destitute of any such remedial qualities as he attributes to it. Satisfied that I had discovered his true method, I was very anxious to try it. The first man I approached on the subject was a man you all know; he is found in every community, well educated, refined and once wealthy, but the constant indulgence of his appetite had made him a physical wreck. He indignantly scorned the idea of treatment. "What!" says he, "destroy an appetite that has taken me years and hundreds of dollars to cultivate! Never!"

About the same time a patient came to my office to consult me in regard to an antidote for tobacco chewing; says "He has been a heavy chewer for years, using nearly a plug of tobacco a day; chews before getting his clothes on in the morning and last thing at night; says it is affecting his appetite; can not eat mornings, and his food does not taste natural." As I knew him for a very heavy drinker, I told him I thought I could cure him.

I instructed my druggist to prepare a solution of one grain sulph. strychnine to 200 drops water, and I gave him a hypodermic injection of fifteen min. each day. Noticed nothing unusual for two or three days, but on the fourth day said he did not care to chew or smoke quite as much. After the tenth day he had not the least desire for liquor, and by the fifteenth day, on which we stopped the medicine, he cared neither to drink, chew or smoke. This was three months ago. I stopped at his home yesterday, and he said: "I am a new man, can eat my meals with a relish, have gained in weight, strength and manhood, and have not the slightest desire for either tobacco or liquor, and carry the plug I left off chewing right here in my pocket." And as I saw his wife's happy face, and heard her say it had been the happiest three months of her life, I knew that the strychnine had cured him, for a time at least. This case is singular, in the fact that he did not want the appetite for liquor destroyed, and was entirely ignorant of it, nor did I inform him that it would be destroyed. So this surely was not a mental cure, but demonstrates to me the antidotal action of the drug strychnine.

Case No. 2 was a young man of twenty-five, who has only been drinking for the past five years. His father was a heavy drinker, and after his death his son endeavored to fill his place in business, and likewise at the cups. I had a difficult time with him. He would take the injections for two or three days, then not come near the office for two or three more. I would usually have to hunt him up and talk with him, and was then sure of him for a day or two more. So I thought, while in one of his sober moods, I would inject the solution twice a day, and in six days after I began the twice-a-day injection, which were given night and mornings, he did not care for drink or tobacco, and in ten days I had him completely cured, and he has now remained so for two months. Says "He has now been sober long enough to realize just where he was going had he not stopped, and declares he will never care for it again."

Case No. 3 was also a heavy drinker. I gave the injection to him twice a day, and he was completely cured in twelve days. The injections in all three cases were given while following their usual occupations. No discomfort was complained of except a dizzy feeling and slight pain, as if struck in the nape of the neck, which would all pass off in about an hour. The last two cases I had take a teaspoonful of Tr. Cinchonæ comp. four times a day during the entire treatment.

The question now arises whether the cure is permanent. Dr. Keeley claims that ninety-five per cent. of his cases are permanently cured, perhaps seventy-five per cent. would be a more reasonable estimate, and whether the cures are permanent time only will tell. Yet there is no denying the fact that it will cure the desire for a time, and many a heavy drinker, if he can remain sober for three or six months, will realize the advan-

tage of so remaining, and forswear the cups for good.

While the strychnine injections cure the desire and craving for more liquor, it of course will not cure any organic lesions caused by the continuous use of alcohol, as enlarged liver, congested spleen and ulcerated stomach, so common in those who are broken down with a long course of dissipation. Yet, having antidoted the poison the same as we would an overdose of arsenic, we can then begin advantageously the use of remedies, among which I find arg. nit., aurum, nux and anacardium most frequently indicated.

The question, then, "can inebriety be cured?" is best answered, yes, if placed under the same treatment you would for any similar poison affecting the system. Administer the proper antidote and you will accomplish all, if not more, than the Keeley cure, as you have your patient under your care for months after.

Bichloride of gold is all humbug. Strychnine is the curative agent, and no one knows it better than Dr. Keeley, who makes something like two millions a year from his secrecy.

SOME THOUGHTS ON ALCOHOLISM AND ITS SO-CALLED CURE.

By Henry N. Avery, M. D., Minneapolis, Minn.

THE fact that every hamlet in the land is producing "bum-cures," some cities even developing five or six, as is the case in this city, it behooves the physician to exclaim "Why is this thus?" We can no longer slur the fact, *they do exist*, and to all appearances seem to be bleaching out the old tanned skins, and to my knowledge, there are some wonderful changes.

Shall we ignore these every-day evidences as we see and watch these transformations? or shall we go to work and investigate this alcoholism and its so-called antidotes and share some of the "filthy lucre" that seems to be going into the pockets of these charlatans, who have assumed such a mysterious air of secrecy over their specifics?

It is a fixed fact that it is not necessary for Keeley to bare the arm and "squirt the juice," for others are meeting with just as good success as he who have no connection with him.

My attention has been called to a few cases that have been under treatment in this city by one of the local "injecters," and to show what condition the systems of these people are in I will relate them.

Mr. A., a graduate, case related to me by one of the most reliable physicians of this city: Wife sick, he prescribed some whiskey for her, some watchful Samaritan from next door advised the doctor to be very careful not to let Mr. A. get hold of the bottle. Some was prepared in a glass and set on the table. Mr. A. came into the room, got a smell of the whiskey, and immediately sought the door and threw up his dinner. Now, this might seem very remarkable to many, but not so very strange when we come to look at it.

Mr. B., brought into one of the "cures" of this city on the verge of delirium, an injection was given, and he soon filled a large basin. To the outsider it was a wonderful banishing of snakes.

Mr. C., after one week of treatment, meeting old "cronies," joined the party. After one drink he sought the back door and let go the ethyl hydrate. Returning to business, he braced up for another attack, this time with no better success. After making six unsuccessful attempts he gave up the ghost, and returning to the "cure" and relating his experience, they refused to continue the treatment.

Now, the question arises, why this effect? I think it is our duty to study this question in its physiological and pathological aspects. My suggestions are not absolute facts, but possible ideas, as to what the antidote may be, hoping that others may be able to elucidate points that these men hold such a profound secret.

We must infer from the effects that all these "cures" are not the same; some so-called "cures" are but the terminal "bouts" of their earthly career. Some relapse; others by their will power seem to resist further temptation. Undoubtedly strychnia and hyoscine are used, but the cases referred to seem to be treated, at least by the symptoms, with other drugs; a fact is established that the "cures" do not depend upon any one form of treatment.

It is well known that large quantities of alcohol interfere with the digestive processes by rendering the albuminoids less soluble; partly by producing a secondary constriction of the stomach capillaries, and a diminished secretion with this condition of the stomach, it is to be expected that apomorphia muriate and codeine, both having a strong affinity for the great sympathetic nerve, given in doses below the emetic effect, would relax the stomach capillaries to that degree that a renewal of the alcoholic stimulus would produce a revulsive effect. As for chloride of gold, I do not believe it is used by any one, except as an advertising means. If I am wrong as to my conclusions as to "antidotes," I should be pleased to be set right, but this fact remains, we may as well face the music and draw down our thinking cap and investigate the merits and demerits of this new innovation, for the public will expect us to do so.

Dr. Geo. Taylor Stewart, chief of staff, reports 948 patients treated at the W. I. Hospital during March, with a death rate of 2.42 per cent. For the three months ending March 31st, 1,995 patients were treated, with a death rate of 4.31 per cent.

HARMLESS AND INJURIOUS COLORING MATTERS IN CONFECTIONERY.

BY WILTON GUERNSEY BERRY, PH. B., CHEMIST, NEW YORK CITY.

THE condition in which candy and sweetmeats is put upon the market to-day is exceedingly satisfactory, and in comparison to the dangerous compounds offered for sale some years ago, it may readily be seen what vast strides have been made in suppressing a fertile and dangerous source of illness and impaired constitutions.

Many of the woes and sudden illnesses of children from apparently unguessed causes might have been traced directly to the consumption of these seemingly innocent and harmless trifles so dear to the hearts of childhood. Many a mother has wondered what could cause the pale cheeks and listless actions of her children without for a moment connecting them with the consumption of surreptitious sweets, purchased at the corner candy store with the hoarded pennies of weeks.

Very enticing and pretty they looked with their bright green, yellow and red colors produced by the use of lead and copper salts, highly dangerous to the vital organs. Happily, now, instead of being the general rule to use them, these salts are very infrequently met with, having been substituted by harmless aniline and vegetable coloring matters.

The basis of all candies is cane or grape sugar boiled down to various stages of syrupy consistency, flavored with any of a large number of essences and colored with some aniline or vegetable coloring matter, or by the heated sugar alone, a great variety of shades being imparted to the compound by simply heating the sugar to different degrees of temperature, producing all shades of color from light brown to black.

Pure candy thus made should not contain any appreciable amount of mineral matter, but as is frequently done, confectionery being sold by the pound, some mineral substance is added to give the compound additional weight, and this addition may very properly be considered as a fraudulent adulteration.

The most frequent adulterant used for this purpose is terra-alba, or white earth, consisting of sulphate of lime, which is very heavy. This substance may be readily detected by treating the suspected compound for some hours with warm water in a test tube, and when thoroughly disintegrated, observing whether there remains a heavy undissolved residue which settles to the bottom of the test tube; if so, the probabilities are that terra-alba is present, the accuracy of which may be verified by any familiar chemical test.

The most commonly used coloring matters of a legitimate and harmless nature are for yellows, Persian berries, tumeric, marigold, saffron and safflowers; for blues, litmus, indigo and saffron blue; for greens, spinach juice, chlorophyll and mixtures of yellow and blue; for black, Chinese ink; for browns, caramel and alkanet; for red, carmine, cochineal, juices of beet, cherries, currants and other berries.

All shades of color are also produced by the use of the various aniline or coal tar compounds, all of which are said to be perfectly harmless when pure; of these eosin, fuchsin or rosaniline, fluorescine and aniline blue, black, yellow and green are the most commonly used.

Saffron is a yellow coloring matter obtained from the dried stigma of the crocus sativus, a plant found throughout Asia Minor and Greece, somewhat high priced and liable to be adulterated with the leaves of inferior flowers having no color. Safranin or saffron yellow, may be made from saffron by extracting with ether and subsequent treatment with lead salts. Safflower (carthamus tinctorius) on treatment with water and acetic acid yields two coloring matters, one yellow and one red (carthamin). The yellow acid principle has a very bitter taste and strong coloring properties.

Turmeric is the root of curcuma longa, and from it is extracted a yellow resinous body known as curcumin. Curcumin is obtained in thin resinous flakes of a cinnamon color, but quite yellow when ground to a powder. From alcohol it crystallizes in fine yellow crystals, which on exposure to the air and sunlight lose their brilliant color, and become of a whitish yellow hue.

Litmus occurs in certain lichens (Rocella Variolaria, Lecanora), which undergo in the presence of alkali a kind of fermentation, resulting in a blue color, largely prepared in Holland and the Canary Islands.

Indigo, one of the oldest known coloring matters mentioned by old historians, and known throughout ancient Egypt, is obtained from many species of the indigofera, indigenous to the far East. The only European plant yielding indigo is woad, but this is of a much inferior quality. The active principle in the plant is indican, which splits up into indiglucin and indigo-blue, on treatment with acids. Indigo blue is dark in color, inodorless and tasteless.

Chlorophyll is the green coloring principle of leaves and plants, and has been obtained in a crystalline form. It is obtained by digestion of the leaves for several days with ether and subsequent treatment with alcohol and milk of lime. It may thus be obtained as an earthy powder of a deep green color unalterable in the air, or in flat, long crystals, also deep green in color, but changing in the air and sunlight to yellowish green, and finally losing its color entirely. It is also said that the green color of certain animalculæ is due to the presence of chlorophyll. The

changing of the color of leaves in autumn to red and yellow is due to erythrophyll, caused by the changing of the chlorophyll into that body by certain chemical reactions due to sunlight and air.

As before stated, all shades of brown to black may be obtained by the judicious burning of the sugar producing caramel, the result of the dehydration of the sugar. Caramel thus formed is a mixed body, consisting, among others, of caramelane, carameline and caramelin, the greater portion being caramelane.

Insects of the genus coccus, principally coccus cacti, yield a valuable coloring matter of an intense red color. Mexico, West Indies, Madeira, Java and the East generally, contribute to the production of this valuable insect. The small female insects are collected in large quantities and dried either in the sun or by baking, and are then ground to a powder and purified. The active principle is carminic acid, which by treatment with acids breaks up into sugar and a fine red color, known as carmine red. Solutions of cochineal are purplish red to crimson, turning to a yellow in presence of acids. An artificial carmine red has been manufactured which contains considerable quantities of arsenate of aluminium, and is very dangerous. Care should be taken to avoid its use.

The anilin colors obtained from anilin oil are, when pure, said to be entirely free from danger. Nearly all shades of color can be produced by these coal-tar compounds, and the study of their composition, reactions and detection is very complicated.

The crude aniline used in the preparation of the colors is a mixture of aniline and toluidin, and is sold in the form of aniline oil.

Aniline red or fuchsin is prepared in numerous ways from the crude oil by the use of various re-agents, among them being chloride of tin, chloride of carbon, nitrate and chloride of mercury, nitric acid, antimonious and arsenic acids. The use of the latter re-agent (arsenic acid), although exceedingly dangerous, is the favorite method.

Aniline oil and arsenic acid are fused together at a red heat, cooled, dissolved in water and allowed to crystallize, the poisonous mother liquor containing most of the arsenic is then run off and the resulting crystals purified by re-crystallization; they always contain, however, a certain amount of arsenic, and are therefore dangerous. When this coloring matter is to be used for confectionery or edibles, care must be taken to secure the fuchsin made by one of the other harmless methods.

Aniline blue or azurine is prepared by heating rosaniline and aniline together, and subsequently treating with sulphuric acid and precipitation by water; this is known as soluble blue.

Aniline black is prepared by the oxidation of aniline oil. The oxidizing agents being bichromate of potash, chlorate of potash, chloride of copper and ferrieyanide of ammonia; it is, therefore, necessary that the resultant product should be perfectly free from the poisonous salts used in its preparation; all the other aniline colors are made directly or indirectly from the crude oil, and we see that when the finished color is perfectly purified it is entirely harmless in constitution. Besides the genuine fruit juices used in the flavoring, many kinds of artificial essences are manufactured which are in themselves perfectly harmless, as they consist of the active principles of the genuine juices.

The flavor of pineapple, mellon, strawberry, raspberry, currant, grape, apple pear, cherry, plum, apricot and peach, may be almost perfectly imitated by the mixing of varying proportions of two, three, or more of the following ethers, acids, etc., chloroform, aldehyde, methyl salicylate, the ethyl and amyl ethers, tartaric, oxalic, succinic and benzoic acids, glycerine and peach oil or benzoic aldehyde; these dissolved in small quantities in cold alcohol and added to the confectionery would easily deceive the taste of most people.

In all cases the purity of the coloring matter should be tested, and for this purpose it is first necessary to determine by chemical means whether the color is of organic or inorganic origin; when thus determined and found to be of inorganic matter it should be ascertained whether any of the following mineral substances are present as an injurious adulteration: A red color would indicate the presence of the oxides of iron; a yellow color, chromate of barium, lead salts, arsenic and antimony; a green color, arsenic and copper; a blue color, Prussian blue; and a white color, salts of zinc, and sulphate of barium.

Should the color prove to be organic, then impurities mentioned previously should be tested for. These adulterants have almost entirely disappeared from the trade in this city, and it is but rarely that they are met with, more often as accidental than as intentional additions. Lime, starch, bronze powder, leaf foil of copper, tin, verdigris, red lead and vermillion are all said to have been found in candies, but the cases are exceedingly rare at present. The presence of copper has frequently been detected, its presence resulting more from indifference and carelessness than from any intention of adulteration. This accidental presence of the metal results from boiling the sugar in improperly prepared kettles made of copper, the long continued boiling acting upon the metal and dissolving the same; the quantity however is very minute. Many such cases have come under the notice of the Health Department and been traced to this source.

During the year many hundreds of samples of candies have been collected from the large manufacturers, the corner shops and venders of penny

sweets, and been analyzed, and but in few cases has anything of a suspicious nature been discovered.

Many of the complaints of sickness and poisoning from eating cheap candies is a result of over indulgence rather than from any poisonous ingredients present. A curious case was cited not long since: An Italian commenced selling a cheap candy at ridiculously low prices, and as a result many children were nauseated and a complaint was presented.

The candy, on examination, was found to be in a filthy condition from age and dirt, in fact in a state of decomposition, and as a result of this decomposition the little tin boxes in which the candy was packed were found to have been attacked, thus contaminating the candy still more by the poisonous tin salts. Little wonder that illness resulted.

MEDICAL JURISPRUDENCE.

BY DAVID A. STORER,
Counsellor-at-Law.

LIABILITY FOR NEGLIGENCE OF SHIP'S SURGEONS.

A CASE was recently noted in this column, wherein the liability of hospital associations was limited to the selection of competent physicians. Another case, in some respects similar to that, was decided in March, 1892, in the New York Court of Appeals.

Alice M. Allan was a passenger on the steamer "State of Georgia," from Glasgow to New York. She requested from the ship's surgeon five grains of quinine, and a dose of calomel was given instead by mistake. Action was brought to recover damages for injuries alleged to have been sustained by reason of taking this dose. The trial before a jury resulted in a judgment for the plaintiff, which was affirmed at General Term of Supreme Court, Second Judicial Department.

The defendant, The State Steamship Company, appealed to the Court of Appeals, where the judgment was reversed. The Court holding that the defendants had done all that the law (Great Britain) required of them, in furnishing for the ship "a duly qualified medical practitioner" and "a supply of medicine proper and necessary for diseases incident to sea voyages, and for the medical treatment of the passengers during the voyage; * * * properly packed and placed under the charge of the medical practitioner to be used at his discretion." (The quotations are from the Act of Parliament.)

"That from that time the responsible person is the physician, and errors and mistakes occurring in the use of the medicines are not chargeable to the shipowner, and that no different rule is applicable to such mistakes as are the result of improper arrangement in the care of the medicines than to those which are the result of errors in judgment. The work which the physician does after the vessel starts on the voyage is his and not the ship owner's. It is optional entirely with the passengers whether or not they employ the physician. They may use his medicines or not, as they choose. They may place themselves under his care or go without attendance as they prefer, and they determine themselves how far and to what extent they will submit to his control and treatment. The captain of the ship can not interfere. The physician is not the ship owner's servant, doing his work and subject to his direction. In his department, in the care and attendance of the sick passengers, he is independent of all superior authority, except that of his patient, and the captain of the ship has no power to interfere except at the passenger's request."

It would seem reasonable to hold that the ship owner has done his whole duty and rests under no further obligations in having employed a duly qualified physician, who was supplied with the proper medicines. And those were the requirements of the British law.

The responsibility, then, rests upon the physician, and his personal accountability is not impaired by his being paid by the ship owner. His obligation is not to the ship owner but to the patient. The patient alone is the beneficiary under his engagement, and, as responsibility follows obligation, the passenger must pursue his remedy against the surgeon. His accountability is implied in the relation set up between them by the circumstances and professional character, and requires no specific personal contract to support it.

UNGRATEFUL PATIENTS.

Why are so many men and women unwilling to pay their doctors? And why should nearly every physician find, at his annual time of settlement, the existing disproportion between his booked charges and the sum total of his collections?

To a far greater extent than in any other profession or calling, the medical practitioner works under pressure. He is called early and late, in all weathers, and is deprived of his Sunday's rest and recreation. He must be ready at a moment's notice for immediate and careful action. Unlike the lawyer, who always has or obtains time to master each case that comes to him, the physician must instantly ascertain the ailment and know and apply the remedy. He seldom receives a "retaining fee," and is obliged to continue his watchful care, it may be for months; and when the re-established health of his patient is brought out of the stern fight with death, he sends in his bill, frequently less in amount than a lawyer receives for a single consultation *in business hours.*

It is natural to expect the grateful object of this careful solicitude to make haste in showing his appreciation of the benefits received by prompt

and cheerful payment. But the doctors, and such lawyers as have had these accounts for collection know better.

Many haggle over the amount apparently forgetting the unwearied calls. Others will even go as far as to question "whether the doctor did them much good, after all." And far too many act upon the theory that "any time is time enough for the doctor's bill." And, alas! "any time" never comes. Why is it that men, who pay with alacrity their lawyer's charges unquestioned, and often in advance of services rendered, and where only *property* is involved, and whose sense of honor and common decency would never permit them to question the amount, or the propriety of prompt payment of their tradesmen's bills, so frequently neglect payment and cavil at the amount of their physician's bills, incurred in the actual saving of the lives of themselves, or those dear to them?

It is a reasonable statement that the percentage of "bad debts" on physicians' books is fourfold that of any other class of people who keep book accounts!

In most cases, the very kindness of heart which goes so far toward making a successful practitioner, deters him from forcing collections, which no other class of creditors would fail to do. Shall the patient take advantage of this benevolent feeling to rob him? Surely, this is the refinement of meanness and ingratitude.

We pay the purveyors to our stomachs—how much more are we under obligation to him who keeps our stomachs fit for use?

EPILEPTIC AUTOMATISM—AS A DEFENCE TO ALLEGED CRIME.

The following appeared in a recent issue of the New York *Evening Sun*:

A day or two ago a man was arrested for having settled some small outstanding account by giving a check on a bank where he had no funds. He professed no recollection of the transaction.

In a recent number of a Swiss medical journal, Dr. Grandjeau gives an extended report of a case, a few anecdotes from which are typical. On February 9th, the patient left his office to go home. He came to, so to speak, at midnight in an inn at Payerne, a village thirty-one miles off. His boots, he found, were much worn, but his clothes were in good order. On another occasion, he worked for an hour unconsciously, and after coming to himself, found that he had not made a single mistake. Another attack lasted two days, during which he had gone about to different places, acting in a manner which did not strike any observer as strange or peculiar, but being all the time unconscious.

The medical history and symptoms which led Dr. Grandjean to diagnose epileptic automatism, which yielded, by the way, to treatment by the bromides, would interest only medical men. Significant, however, was the comment of a medical journal, that "the case is an important one, and it should serve to impress the fact once more, that some criminals, who profess complete unconsciousness of the act or acts with which they are charged, may really be the subjects of epileptic automatism. If this patient had committed some crime during one of those periods of unconsciousness, a defence to the effect that he was the subject of epilepsy would have been received with considerable doubt, especially as there was nothing in the nature of a severe fit to point to in the the former history, but only those temporary 'absences' without any obvious convulsion."

AMBULANCE SURGEONS.

New Yorkers have many things of which they are pardonably proud. The ambulance service, attached to some of our hospitals, can hardly be classed among them in the light of recent events. The newspapers speak of nine cases during the past three months, displaying the incompetency or brutality of certain ambulance surgeons. The writer recalls three, sufficient for illustration.

Two of these cases, were of men who had fallen, fracturing their skulls. The astute surgeons in charge of the attendant ambulances jauntily diagnosed both cases as being "alcoholism," and declined to take them to hospital. Wiser, or more humane, doctors were afterward found, who conveyed the sufferers to other hospitals where both died.

The third case, that of an aged woman who was run over in the streets, and who, as afterward ascertained, had suffered the fracture of nearly all her ribs was peculiarly aggravated. She had been assisted to the sidewalk by a reputable and experienced physician who happened to be at hand. He strongly urged the ambulance surgeon who first answered the call to take her to the hospital. After what must have been a superficial examination, he refused to do so and tried to make her walk home, although evidently in great pain and barely conscious. She was finally taken to Bellevue, and there died.

That great good is done and much needed relief afforded by the ambulance corps as a whole, none will deny. But why are inexperienced, and, too often, brutal men, put in charge of these vehicles of mercy? The hospitals are appreciated and well-supported by the community, and the physicians in charge of them are supposed to know and should be held accountable for the actions or neglect of their servants. Does not the rule of law "that the hospitals being charitable institutions are only responsible for the selection of capable surgeons," apply?

"Charity covereth a multitude of sins." Is there any valid reason why she should not extend her sheltering wing to the injured, even if he be

suffering from "alcoholism"? Shall a bleeding, mangled victim of accident, even if his injuries are the result of drunkenness, be debarred from the care and attention that suffering humanity as a whole is entitled to?

E. M. FIELD'S LUNACY (?).

Too much praise can not be given to Chief-Justice Van Brunt's decision, which consigns Field to an insane asylum, where his mental condition can be finally determined. It was evidently impracticable to determine that question by the testimony of experts in the trial before a jury. But time will show whether his insanity is feigned, where he can and will be closely and constantly watched by capable observers.

It seems incredible that a man can sham lunacy or idiocy for months, and yet a well authenticated case, reported in a recent number of the *New York Medical Journal*, proves its possibility.

A man was charged with grand larceny five years ago. He was carefully examined by the examiner in lunacy for the city of New York in the fifth week of his confinement at the Tombs; was totally indifferent to his person and surroundings; took no food or drink; followed wherever led, and remained in the position in which he was placed; food and water left with him were never disturbed; the attendants were positive that he could not swallow solid food, and gave him liquids, which he swallowed in a mechanical way.

He was examined by two physicians, who reported to the District-Attorney that the patient was in a cataleptic, or cataleptiform state, and could not be tried. Relatives and friends and prison officials were alarmed at his emaciation, and were anxious to have his case settled; but, owing to the report of the two physicians to the District-Attorney, his case could not come up for trial. Dr. Field, the examiner in lunacy, was firm in believing the man to be feigning, and asked that he be sent to Bellevue Hospital for observation. This they would not do, but instead sent him, on December 29, 1887, to Jefferson Market prison, and there he was lost sight of.

On the night of February 5, by the aid of one John Mack, he sawed a bar out and escaped. Mack was recaptured, and from him Dr. Field learned that he and the escaped prisoner had been companionable for a month, and that Mack had kept watch for J. D. (the alleged cataleptic), so as to allow him to exercise and get relaxation without detection, and that they frequently conversed together.

Judge Van Brunt's action in the Field case is a precedent which should be followed closely. We think the result would be fewer cases of feigned insanity.

DREAMS AS EVIDENCE.

A suit to set aside the will of the late Senator Joseph E. McDonald, of Indiana, has been brought at Indianapolis. The action is practically based on a remarkable story of a dream! The charge is that the will offered for probate was forged by Mrs. McDonald, the widow.

Soon after the Senator's death, Miss Ellis, a young lady residing at Washington, D. C., a friend of the Senator's grandchildren, had a strange dream. She seemed to be in a room where were Mrs. Joseph E. McDonald and a young man who was unknown to the dreamer, though his features were distinct and made a deep impression on her mind and memory. Certain business matters seemed to be under discussion.

For some unknown reason, this dream profoundly impressed Miss Ellis, and when, shortly after, she came to Indianapolis, she related it to her friends there, and graphically described the man whom she had seen in the vision, but did not know. Her description was so particular and circumstantial as to remind some one of a young man who had been a clerk in Senator McDonald's law office, but later became insane and was taken to the insane hospital, where he now is.

Miss Ellis immediately went to the hospital and asked to see the young man. He was brought in, and recognized as the man of the dream. The records show that he became insane a few weeks after the will offered for probate was made.

The value of such evidence before a court will of course depend upon what solid facts may be proven in the direction pointed out by the dream. It will not be a case without parallel should the clue to the convincing proofs be found in this remarkable statement. The development of this case will be watched with interest by the medical and legal professions.

TOBACCO AS FOOD AND DRINK.

A Vermont statute provides that "if any person who has obtained a verdict in any of our courts shall, during the term in which the verdict is obtained, give to any of the jurors who rendered the verdict any victuals or drink, or procure any to be given them, either before or after the verdict, on proof of this fact the verdict shall be set aside and a new trial granted."

A successful litigant treated the jury to cigars, and this being brought to the attention of the court, an order for a new trial was promptly granted. This order was appealed from, on the ground that cigars are neither victuals nor drink. But the Supreme Court sustained the order of the lower court, holding that cigars properly came within the statutory prohibition. Judge Taft reasons, with quaint humor, as follows:

"Tobacco is both a victual and a drink. It is taken as a nourishment, sustenance, food, etc., therefore a victual. It is not an obsolete use of the word to call it drink. Joaquin Miller says: 'I drink the winds as drinking wine.' If a man

can drink wind I think he can drink tobacco quicker, vile and disgusting as it is. A man is compelled to drink it by having it puffed in his face on all occasions and in all places, from the cradle to the grave. It is a drink. Set aside the verdict."

While the construction put upon the statute is undeniably right, the law itself seems extremely strict. But this aspect of the case is of little interest to the general reader. That tobacco should be judicially declared "victuals and drink" will appear to many an undue dignifying of a pernicious weed, while to lovers of tobacco no new idea will dawn; a "good smoke" has often furnished a satisfactory substitute for an unobtainable meal.

CLINIQUE.

A CASE OF SURGICAL KIDNEY WITH RUPTURE INTO THE PERITONEAL CAVITY.—NECROPSY.

By John Arschagouni, M. D.

Senior House Physician and Surgeon Ward's Island Hospital, New York.

G. H., aet 54; single; laborer, was admitted on January 4, 1892, in the medical ward G.

History: He gives a good family history.

Habits: Moderate drinker and smoker; no sickness whatever before the present disease; no history of traumatism.

Subjective: Contusive sharp pain in left lumbar region during the last three nights, worse on deep inspiration, on motion and on micturation, the latter frequent at night; anorexia, insomnia, bowels regular.

Objective: Skin dirty, sallow, covered with pustular eruptions, ranging in size from pin's point to a half dollar; eruptions covered with scabs, enlarged inguinal glands, gland penis hard, made almost of scar tissue; urinary meatus hardly noticeable, smaller even than pin's point.

On January 8th, patient was transferred to the surgical ward F.

An hour or so after his arrival in this ward he was found lying face downwards on the floor, suffering with an agonizing pain similating renal colic.

In looking up the history of the case, as well as the subjective and objective symptoms and also examination of urine, I hardly could make a correct diagnosis.

Renal calculus or nephritic colic, neuralgia, pyelitis, perinephritic abscess all came to my mind; yet the symptoms were not totally belonging to any of above diseases. A sudden attack, paroxysmal sharp pain in lumbar region, forcing the patient to double up, almost rolling from side to side with shrieks, frequent micturation, scanty urine, absence of fever, indicates nephritic colic, but other conditions of the urine spoke against it, *i. e.*, a total absence of pus, of blood and characteristic "tailed" epithelium and pains not shooting in character, no retraction of the testicle in the affected side, which is considered to be a very prominent symptom.

Presence of lumbar pain, absence of pus, blood, albumen, mucus and casts may indicate perinephritic abcess, but in this there would be quite high fever and presence of a tumor, neither of which were found in this case.

Next comes the condition of the glands penis with its pin's point meatus to be taken into consideration, which, regarding as an urethral stricture, may, by damming back, have produced cystitis, nephritis and even pyelitis by the retention of urine, and consequently by the decomposition of the urea into carbonate of ammonia and water.

This seemed to me somewhat nearer, for an ascending vesico—urethral trouble is more frequent at the left side than the right (Jaccoud), and in this case the trouble was in the left side.

On the other hand, in the absence of mucus, epithelium, blood, pus and acid urine, also in the absence of a tumor in the lumbar region, the diagnosis of pyeletis, particularly as a complication of stricture becomes often impossible, (Loomis).

I had no evidence whatever to call the trouble pyonephrosis.

However, considering the trouble due to obstruction in the urethra, the more efficient treatment being in overcoming it, and as no symptoms indicative of *ammonæmia* were present—condition where one has to hesitate before performing any operation, especially for relief of stricture of the urethra. I placed the patient on the table; the finest filliform bougie was all that could be passed through meatus urinarius. After the usual surgical precautions I made an incision with a fine tenotome; the incision was carried down into gland penis for about the distance of one and one-half inch by means of a blunt pointed bistoury.

Hardly any hemorrhage was produced, due to the pathological condition of the gland.

I found the canal beyond this to be free; steel sounds were then passed through the canal until No. 14 English was reached. After the removal of the obstruction the urine still remained quite normal.

On January 11th, sound passed again, going as high as 15 English; patient passes now his urine without difficulty; urine examination shows nothing particular.

On the 12th, he complains of a dull aching pain in the left lumbar region again.

On the 13th, A. M., pain less, almost gone, urine passes without difficulty, but at P. M. pain in the

left side increased and has extended over the abdomen; marked tympanites, diarrhœa of a yellowish color, pulse weak, temperature 101½, tongue coated white with red streaks down center, great belching, urine red. ℞.: Lycop, 6x and turpentine injection.

On the 14th A. M., patient feels more comfortable, but passed a very poor night; no diarrhœa, typhoid state, does not answer questions freely. Some pain yet in the abdomen. Suspecting a peritonitis. ℞.: Aconit, 3x; a second injection of turpentine administered. Considerable amount of gas passed both upward and downward, stool and temperature normal.

On the 15th A. M., passed a very bad night, now vomits a brownish material which looks like ground coffee, stool grayish, pasty, looks like wet clay; tympanitis again, temperature normal. ℞.: Ars. 3x.

Vomit was examined, it being acid, Mahomed's test gave a *blue* reaction, showing the presence of hæmoglobin; microscopical examination showed also large quantity of fat globules.

Urine examination: Reaction alkaline, sp. gr. 1026. Color, dark red, increase of solids, no albumen, no sugar.

At P. M., patient slightly delirious, wants to get out of bed, carphologia, he is rather apathetic, tongue very dry and hard, furred white, tip red, passed considerable gas, stool same, temperature normal. Has only vomited twice since morning. ℞.: Rhus tox. 6x.

On the 16th A. M., can not vomit, but a brownish black liquid runs from mouth; patient unconscious, eyes roll upwards, breathing elaborated, dark red, foul stool, offensive breath. ℞.: Ars. 3x. Patient catheterized and about ℥i. of urine was all that could be drawn of, and which was quite normal in character. At 3 P. M. he expired.

NECROPSY: *Body:* Rigor mortis well marked, body fairly nourished, skin of dirty yellowish hue.

Heart: Weight 15 ℥, pericardial fluid normal, valves competent, pulmonary valves normal, foramen orale closed; granulations on the edges of the mitral valves, these are thickened, walls of left ventricle hypertrophied, slight congestion of the aorta, aortic valves normal.

Right Lung: Weight 26 ℥, slight pleuretic effusion, lung floats, emphysema and passive congestion of the entire lung, chronic bronchitis.

Left Lung: Weight 20 ℥, considerable pluretic effusion, adhesions at apex, emphysema and passive conjestion of the entire lung, chronic bronchitis.

Liver: Weight 94 ℥, strongly adherent all over, nutmeg.

Gall Bladder: Contains a quantity of purulent fluid.

Spleen: Weight 6 ℥, fibrous tissue increased.

Stomach: Adherent to all the surrounding viscera, nodular thickening of the lesser curvature; all the vessels markedly distended and covered with a thick, slimy mucus.

Abdomen: The abdominal walls very much degenerated, the abdomen filled with purulent fluid.

Pancreas: Full of hard nodules, omentum degenerated, peritoneum of a dark greenish hue. A quantity of thick yellow pus between the folds of the small intestines; intestines very much congested, particularly those portions lying on the left side.

Right Kidney: Weight 7½ ℥, capsule non adherent, very anæmic, enlarged.

Left Kidney: Weight 9½ ℥, markedly lengthened, very strongly adherent to transverse and partly to ascending colon. Capsule degenerated, rotten, full of pus and whatever remained is thickened to a considerable extent, a large cyst, with thin walls, the size of a walnut, in upper medullary and cortical substances, filled with a clear greenish fluid. Another cyst entirely degenerated was found in the lower medullary and cortical substances. The pelvis almost degenerated and full of pus. The left ureter black and degenerated up to a point about two inches from pelvis, giving thus free vent into the abdomen to the pus generated in the kidney, and being thus disconnected with the bladder. The other portion of the ureter obstructed on its upper extremity by cicatricial tissue after a previous inflammatory process. On incising this portion of the ureter longitudinally, I found to be somewhat thickened, but free and healthy.

Tissues and viscera surrounding left kidney and ureter entirely necrosed.

Bladder Walls: Markedly hypertrophied to the extent of about ¼ inch, leaving a very small space for fluid; bladder very much congested, urine found in bladder of about ℥i. was normal, *no pus.*

This necropsy shows evidently the case to be pyelitis, for in some instances the ulcerative process going on in the kidney and pus and debris from kidney substance completely obstructing the ureter, may cause perforation of the pelvis or rupture the dilated ureter and the contents thus discharged into the adjacent tissues, into the abdominal cavity, or by an adhesive inflammation or necrosis into the intestines, or by a long fistulous tract reach the surface and be discharged externally or even through the diaphragm into the lungs or the bronchi (Jaccoud). In the first two conditions, perinephritis, peritonitis, vomiting of urine and pus are noticed (Rayer, Spörer), as it did in this case.

I failed to examine to see if any perforation existed into the bowels. The pathological condition of the kidney also speaks in favor of pyelitis, for after death the kidney is found to be variously altered, generally softened and disorganized,

atrophied or enlarged and converted into cysts, or into a single pouch destitute of secreting tissue, etc. (Gross).

The absence of pus in the urine is also explained, for bladder was supplied by an overworked more or less healthy kidney.

DIETETIC THERAPEUTICS.

Apples as Medicine.—Chemically, the apple is composed of vegetable fiber, albumen, sugar, gum, chlorophyl, malic acid, gallic acid, lime and much water. Furthermore, the German analysts say that the apple contains a larger percentage of phosphorus than any other fruit or vegetable. The phosphorus is admirably adapted for renewing the essential nervous matter, lecithin, of the brain and spinal cord. It is, perhaps, for the same reason, rudely understood, that old Scandinavian traditions represent the apple as the food of the gods, who, when they felt themselves to be growing feeble and infirm, resorted to this fruit for renewing their powers of mind and body. Also, the acids of the apple are of signal use for men of sedentary habits, whose livers are sluggish in action, those acids serving to eliminate from the body noxious matters, which, if retained, would make the brain heavy and dull, or bring about jaundice or skin eruptions and other allied troubles.

Some such an experience must have had led to our custom of taking apple sauce with roast pork, rich goose, and like dishes. The malic acid of ripe apples, either raw or cooked, will neutralize any excess of chalky matter engendered by eating too much meat. It is also the fact that such fresh fruits as the apple, the pear and the plum, when taken ripe and without sugar, dimish acidity in the stomach, rather than provoke it. Their vegetable sauces and juices are converted into alkaline carbonates, which tend to counteract acidity.

The Use of Fruit.—While fruit gives but little toward the nutriment of the body, it contributes materially toward keeping it in health. Bender found that fruit gives off a great deal of carbonic acid, while on the tree and when stored in the house; so that it is not well for persons to sleep in a room where fruit is kept in large quantity. Uffelmann praises the fruit diet in chronic indigestion, gastric catarrh, especially after alcoholic excess, hemorrhoids, cerebral fluxion, scurvy, and hepatic affections. Calculus is almost unknown in cider districts. The exclusive diet of grapes was highly commended by Niemeyer in plethoric conditions generally, and in obesity.

The Temperature of Drinks.—A writer in a German paper gives the following as the proper temperatures for different sorts of beverages: Water, 54°; seltzer water and beer, 57° to 60°; red wine, 62° to 66°; white wine, 60°; champagne, 46° to 50°; coffee, 78° to 79°; beef-tea, 100° to 125°; milk, 60° to 64°; hot milk, 93° to 95°.

Common Errors in the Feeding of Children.—Under this head Cheadle (*practitioner*) enumerates the following:

1. The sudden weaning of infants on to fresh cow's milk and water.

2. The feeding of children on a diet that is excessive or deficient, either in gross quantity, or in certain essential ingredients.

(*a*). Insufficient gross amount of nutritive material.

(*b*). Food deficient in fat: including most of the so-called artificial foods.

(*c*). Food deficient in proteid.

(*d*). Absence of antiscorbutic element in the diet. All farinaceous and dry artificial foods are deficient in this; even those containing milk or egg.

(*e*). Prolonged use of artificially digested foods.

Gout and Fruit Eating.—In the last number of his *Archieves of Surgery*, Mr. Jonathan Hutchinson says that he has for many years been in the habit of forbidding fruit to all patients who suffer from the tendency to gout. In every instance in which a total abstainer of long standing has come under his observation for any affection related to gout, he has found on inquiry, that the sufferer was a liberal fruit-eater. Fruits are, by no means, all equally deleterious; cooked fruits, especially if eaten hot with added sugar, are the most injurious; the addition of cane to grape sugar adds much to the risk of disagreement. Fruit eaten raw and without the addition of sugar would appear to be comparatively safe. Natural instincts and dietetic tastes have already led the way in this direction; few wine-drinkers take fruit or sweets to any extent, and Mr. Hutchinson suggests as a dietetic law that alcohol and fruit sugar should never be taken together, and he believes that the children of those who in former generations have established a gouty constitution may, although themselves water-drinkers, excite active gout by the use of fruit and sugar.

Bread and Dyspepsia.—The conclusion that wheat bread is unfit for dyspeptics, sometimes jumped at because ill effects are noticed to follow its use, is erroneous. On the contrary, it has been pointed out by Bouchard and others, that farinaceous food is peculiarly adapted to some dyspeptic patients. It is the microbes in the starch, which are capable of producing irritating acids, that cause the trouble. To avoid this, Bouchard recommends that only the crust or toasted crumb of the bread be used by dyspeptics, particularly those whose stomachs are dilated. The reason of this is explained by the fact that baking temporarily, though not permanently, arrests the fermentation of dough. When it is again heated by the warmth of the stomach, the fermentation is renewed. In cases where the bread is toasted brown through, the fermentation is stopped permanently.

The Use of the Flesh of Poisoned Animals.—This subject has been studied by Schmidt, of Mülhein, with a view to determine whether if eaten by men, such flesh would be injurious. As reported in the *Revista Internazionale D'-Igiene*, of Naples, for June, 1891, it may be used without any danger whatever. Many savage races constantly use the flesh of the animals that have been killed with poisoned weapons, and have never been injured by that means.

Harms has proved that the flesh of animals that have been poisoned with nux vomica and with tartarized antimony, is not at all hurtful; Feser has demonstrated the same fact in regard to strychnine and eserine; Spallanzani, Zappi and Sonnenschein, have done the same for arsenic.

In regard to the alleged injurious effects caused by eating the meat of animals poisoned with hellebore, and which had eaten belladonna leaves, the authors have shown that the accounts published in this regard have not been proved, and require further tests.

The *Revista* says that in the interest of meat inspection, it is desirable that experiments should be made with other poisons.

Inguinal Hernia Cured by Regulation of Diet Alone.—In the *Edinburgh Medical Journal*, Mr. John Thompson reports two cases of infants suffering from inguinal hernia, in which regulation of diet effected a cure. The first case was that of a delicate, feeble infant, with a small right inguinal hernia of three weeks' duration. His mother was in the habit of giving him the breast constantly day and night, and feeding him with biscuit meal twice daily. He was always crying and slept very little, had some cough and extreme phimosis. Local treatment of the rupture and circumcision were deferred on account of the child's extreme weakness. The mother was told to stop the meal and give the bottle, to supplement the breast milk with diluted cow's milk, and to give the breast and bottle at regular intervals. Under this treatment the child cried less, and with the gradual improvement of health the hernia disappeared. Later the child was circumcised. The

second case was of a similar character, the child suffering from marasmus and dyspeptic symptoms, due to incorrect feeding. The regulation of diet was of itself sufficient to cause a disappearance of the hernia, without the necessity of applying a truss.

Disease Germs Conveyed by Food.—While Professor Schnirer (*Jour. de la Santé*) was at work in his laboratory at Weichselbaum, he sent for some grapes with which to refresh himself. The fruit brought to him had been kept for some time outside a door in a basket, while on the neighboring street consumptive patients passed to and from the clinic, or class where students were taught. The fruit being dusty, he had it washed. On looking at the water in which it had been washed he reflected that it probably contained tubercle, and by way of experiment injected the water into guinea-pigs, which died in from seven to eight weeks from tuberculous disease. Every precaution was taken to prevent other sources of the infection, and the cause of the tuberculosis in the guinea-pigs was beyond doubt the dust on the grapes. Doubtless disease germs other than those of tubercle are sometimes conveyed to the human body by means of fruit and other food which are so commonly exposed in all cities to the dust of the streets.

Milk in Typhoid Fever.—Dr. E. M. Hale, in *New Remedies*, says: Regarding the diet of typhoid patients, I must here admit that I am no friend of the so-called milk diet. Typhoid is a disease of the intestines, causing high fever and general symptoms by the absorption of pathogenic material from the intestine. If milk diet is not justifiable in the ordinary "catarrhal" disturbance of the adult and infant, why, then, should it be so where a well-known typical form of intestinal disease is before us? In typhoid, as well as in summer complaint, we may observe nausea, vomiting, distention of stomach and intestines, increased diarrhœa, and rise of temperature after the administration of milk. To put lime water in the milk does not prevent its later infection in the intestine, nor does its sterilization. If we discard milk in intestinal catarrh and enteritis, why not in cases where we have almost entire suspension of digestion, assimilation and absorption of food, and a large quantity of pathogenic fermenting material passing over typhoid ulcers? Reflections of this kind have forced me to discard milk entirely as a food in typhoid fever. Boiled soups of rice, dried peas, oatmeal, lentils and barley, and cold water, tea and coffee, *ad libitum*, have served my patients well. The soups are only given three times a day.

Distress and tympanites caused by development of gases have never since troubled my patients in typhoid fever.

Dietetic Treatment of Bright's Disease (*Am. Journal of the Medical Sciences*).—Chronic Bright's disease is divided into three well recognized forms: (1) Chronic parenchymatous nephritis; (2) Lardaceous disease of the kidney; (3). Interstitial nephritis. (1) The first form may begin insidiously as a chronic disease, or may follow an acute affection. In either case the same rules of diet may be applied. As food, an exclusive milk diet is generally considered to be the best, and the author would favor its employment, because it is easily assimilated, gives sufficient nourishment, produces less urea and flushes the kidneys with a large amount of fluid. When milk can not in any way be taken, we are obliged to resort to broths and light farinaceous foods. As a beverage the author prefers pure spring water, of which several pints a day should be drunk. Pure or mildly alkaline water in large quantities is an excellent, unirritating diuretic. When milk is not well borne alone, it may sometimes be taken mixed with lime water, carbonic water, Vichy, etc., or as koumiss or peptonized milk. When milk is used pure, it had better be unskimmed, unless it produces digestive troubles, in which case it is best to skim it. From two and a half to four quarts are sufficient to prevent bodily loss. As a result of clinical experiments instituted by him, and which he details, and from the experience of others, the author believes that a milk diet notably diminishes the amount of albumin excreted by the kidneys. After a time an exclusive fluid diet may be productive of harm by causing an over-dilution of the gastric juice and too great an excretion of urine, or the symptoms of anæmia and exhaustion. In such cases, especially if the amount of albumin be small, the exclusive milk diet may be supplemented by a certain amount of farinaceous or vegetable food. If even this diet becomes objectionable, a small amount of broiled or roasted meat must be allowed daily, taken at an early dinner. Alcoholic stimulants throw more work on the kidneys and increase the amount of albumin excreted. They are, therefore, to be avoided, except when called for by certain symptoms, as exhaustion or the profound cerebral anæmia which so often accompanies uræmic symptoms. (2) The dietetic treatment of lardaceous diseases of the kidney depends somewhat on its cause. If it be phthisis, the diet is that appropriate for this malady, without special reference to the renal disorder. When the disease which caused the renal changes has disappeared, the diet should be that advised for chronic parenchymatous nephritis. (3) In the dietetic treatment of this form of nephritis we must endeavor to prevent the accumulation of urea in the blood, and to make up for the loss of albumin. It is not possible to prohibit all nitrogenous food, but the amount allowed should be very small. Milk and cream should be given in abundance, and the other articles of the diet supplied from the vegetable kingdom. In advanced cases an exclusive milk diet must be employed, and the milk may be diluted with Vichy, if necessary, to render it more palatable. Alcoholic stimulants should be avoided as far as possible, except sometimes in the treatment of uræmia, as stated above. The author closes his paper with a series of quotations of the views of various modern writers regarding the dietetic management of chronic Bright's disease.

Lactopeptine.—The New York Pharmacal Association, Yonkers, N. Y., have issued a very beautiful series of illustrations of the wards and buildings of the New York, Bellevue and Roosevelt Hospitals, with a description of their goods on the back. We presume they will be sent to any physician on application.

Detection of Pus in the Urine.—Drop into the specimen of urine enough tincture of guaiac to give it a milky appearance, and heat it a few minutes to 100° Fah. If pus is present, a blue tint will develop. Otherwise the urine may be passed through a white filter, on which are then allowed to fall a few drops of tincture of guaiac, producing, if pus is present, a distinct blue discoloration.

Detective Antiseptics.—One of the great desiderata of modern surgery has been an antiseptic which would tell us when a part is antiseptically clean. This is especially so in the surgery of cavities which can not be seen, as sinuses, normal canals, etc. We have two preparations which we can rely upon as faithful detectives of the "we never sleep" variety—Marchand's peroxide of hydrogen and potassium permanganate. The former, used in the fifteen-volume solution, will cause violent effervescence if pus be persistent, and will continue to do so until all the pus has been destroyed. Potassium permanganate in a ten-grain solution (10 grs. to ʒ1 aqua) will turn from a bright purplish-red to a dirty-brown color in the presence of any disorganized organic matter. It is also available for testing the purity of water for domestic uses. The brown stains of the skin caused by contact with the solution can easily be removed by scrubbing with a weak solution of oxalic acid, to which a few drops of hydrochloric acid have been added.

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THE PHYSICIAN OF THE FUTURE.

WITH the exception of the mechanical part of his profession, so far as treatment is concerned, the awakening of the young man on entering upon the actual duties of medical practice is not unfrequently painful, startling and bewildering. He finds, to his dismay, that to all the rules which have been enunciated by his teachers and his text-books, if his reading has been confined to those reflecting or originating the views of his teachers, there are exceptions which are very likely to meet him on the very threshold of his practice. At first he is unable to understand why he can not always get the results so positively claimed in the lecture-room, and the sick-chamber, in the failure of the remedies which he had been taught were all powerful, and which he had prescribed with such positive certainty of success becomes a place of uncertainty and dread. It is fortunate now for the young man, if he has been so thoroughly educated in the ordinary groundwork and principles of his profession, that he can individualize his case and from the symptoms and general history obtain a realistic picture of pathological conditions and morbid influences at work which, from an intimate knowledge of hygienic laws and the physiological action of drugs, will suggest a general line of treatment. Those delicate shadings of drug action which are often used with brilliant results by the expert, in the hands of the novice often takes the place of more important measures, and the life of the patient is imperiled. To illustrate: A retired Cunard steamship captain, accustomed to high living, was taken seriously ill with great dizziness, flushed face, thick and scanty urine and marked indications of serious cerebral disturbance. A carefully selected and highly attenuated drug was given, but still the patient, day by day, became worse, the dizziness changed to delirium, the delirium to stupor, and the tenth day death closed the scene. During all this time the bowels had been unmoved and no special effort had been made to produce an evacuation, or in other words, nothing had been done to clear the track for the effectual work of specific agents. The artist builds up, step by step, his picture from the first outline, drawing to those final shadings of delicate color which invest it with the semblance of life, but delicate coloring with bad drawing is anything but a representation of art, unless burlesque can be called art. As with the artist so with the physician, usefulness and eminence can only be reached by a careful study of general principles, requiring in the latter a knowledge of the minute structure of the human system, the process of nutrition, the chemical changes ever going on in the body, and an intimate knowledge of that net-work of nervous lines and filaments, both in its direct and reflex action, which makes of the whole structure a unit, every molecule, atom and cell in touch with each other. With this preparation we can advance to the intelligent study of the causes and character of those morbid conditions which lead to pathological changes, which are pictured to us in distinct and well-marked symptoms, and detect in atmospheric influences, in exhausted digestion, in defective nutrition and in germ poisoning a clue not only to the character of the trouble but the remedy. And here is very apparent the fact that accurate diagnosis can not be learned in the lecture-room from didactic lectures however eloquent the lecturer, however simple and precise his manner of stating facts. The touch, the sight, the hearing, must all be brought in play, and that can only be done by actual contact with the individual, in the clinic, the hospital, or the bedside of private practice. This clinical study is just as much a part of medical education, and a most important part, too, as the preliminary steps. A most essential step in the elevation of the standard of medical education is clinical study, and we are very strong in the opinion that no man should receive a license to practice medicine who can not bring to his examiner satisfactory proof of clinical study, either in the clinic, the hospital, or with his preceptor. The preliminary steps of a thorough medical education, in all successful medical institutions, are now very much the same, and the increased attention which is being given everywhere to the

physiological study of remedial agents, the laws of hygiene, and the chemistry of the human system, points with the positiveness of scientific deduction to nearly the same line of treatment. The same methods are now being adopted everywhere of studying the physiological and toxicological action of drugs, and reaching the remedial action by a careful adaptation of the amount of the agent given to meet the conditions of the patient. It is apparent to even the casual observer, that scientific study is rapidly bringing all schools more in harmony with each other, and while it eliminates more and more the theoretical and conjectural, is building up a scientific therapeutics based upon the unanswerable logic of facts, the general outline of which will be acceptable to all.

This work, carried on so systematically and effectively in the laboratory, the hospital, and by thoughtful physicans in private practice, would be still more effective and advance with greater rapidity, if among the profession generally there was less disposition to jump at conclusions based upon evidence not thoroughly tested. The journals are full of prescriptions for certain diseased conditions, given with the positive assurance of success, but based, many of them, only on a few trials, and those in conditions and under circumstances not sufficient to test their real value. Thrown abroad through the medical press, and copied from one to another, they are caught up and used oftentimes with only partial if any success. A more thorough and extended examination of the supposed specific, according to the approved rules of scientific investigation, would not only prevent the lumbering up the pharmacopœia with drugs of comparatively little value, but give us agents thoroughly tested, with their place in therapeutics pretty distinctly defined. It is true nearly all the new remedies in time find their place, some as useful agents in disease, and others, compared to those already tested, as almost worthless. It would be a great saving of time and labor if at least one half the drugs recognized in the materia medica of any school were cut out as either useless, or their place better filled by those of a wider range of action. There is no doubt but our most successful and experienced physicians do better work with a few well-tried tools than those who scrutinize the whole field of the pharmacopœia for a specific remedy for each symptom, the specific action being often an illusion of the brain. A greater accuracy in the report of the action of remedial agents will, while it may reduce the number of drugs in the materia medica, greatly improve our therapeutics.

A NEW PUNISHMENT FOR MURDER.

DR. W. A. HAMMOND does not approve of the death penalty, but recommends as a substitute *castration*. He thinks nearly every man would rather die than submit to the operation, and that castration would be infinitely more effective in preventing crime than the death penalty, either by hanging or electrocution. Dr. Hammond quotes a French writer with evident approval, that the dignity of a man resides in his testicles. "Juries would be less squeamish about discerning guilt, in cases of doubtful testimony, if life-taking were not one of the consequences of finding a man guilty. The punishment would be continuous, and not momentary and intense, and in the continuance of a punitive award will be found its greatest effect. Castration changes the whole relations of the man; and, while the brand upon him would be as bad as, or worse than, the mark upon Cain, he would be removed from many criminal tendencies. He can not open his mouth without exposing what has happened to him; his facial expression becomes altered; he becomes effeminate and cowardly. He loses his appetite for alcoholic drink. In the case of a man who mutilated himself while delirious from alcohol, this act was the means of his reformation.

"Criminals thus changed might, in many instances, be made useful to society—much more so than dead men, even if it be the law that slays them. They could be made members of church-choirs—the vocal qualifications of eunuchs are well known—safe typewriters, dry-nurses, laundrymen, policemen, sailors, soldiers, legislators, reporters for mild society newspapers, and other places where originality and 'dash' are not requisite.

"The brutality of animal nature is reduced by emasculation," Dr. Hammond continues to argue. "The fierce ram becomes mild and the night-roving tom-cat ceases his pugnacious raids. The eunuchs of the Orient are described by travelers as a mild and obedient type of persons, generally trustworthy and fond of the care of young children.

"As a means of stopping the propagation of criminals, this form of punishment would be no less effective than hanging. If it had been employed for the last few hundred years the number of criminal acts would have been many thousands less by this time, and the administration of justice would now have become much simpler and less expensive.

"This punishment, of course, can not apply to women. They have become so accustomed to the

removal of ovaries, and these organs are so much less essential to womanhood than the testicles are to manhood, that it might be necessary to substitute imprisonment for life in their case."

In Delaware it is found that a certain class of crime is best treated by the whip, which is a degredation which to even the most depraved is a terror, exceeding by far that of imprisonment at hard labor. We suggest that, before taking so grave a step as to make for men castration a substitute for the death penalty, that it be tried upon the wife-beater and that class of depraved so low in the scale of humanity that law and decency are not sufficient to protect society from their lust. Occasionally a man is sent to prison for rape, and in one or two States for wife beating. If the testicles of these men were taken out, the animal might be so far subdued that they might become harmless and useful in the ranks of labor. The penalties for crime are constantly being changed, as in the progress of civilization the individual and the character of the various forms of crime are more thoroughly understood. We respectfully suggest to the philanthropist and the legislator a careful study of the whole question.

SIR ANDREW CLARK'S METHOD OF TEACHING CLINICAL MEDICINE.

SIR ANDREW CLARK is known as a most skillful physician and able teacher of medicine. In a recent lecture (*American Lancet*) he discusses the several methods followed by clinical teachers, and then describes his own. He says that "The criterion of true instruction is not acquiring, but thinking. Genuine clinical teaching requires the active co-operation of teacher and student, the assimilation as well as the acquisition of knowledge: Seeing, handling, doing, as well as trying, failing and succeeding."

Dr. Clark's method is "to help his students to get plain, practical clinical instruction, and so to get it that they may pass from the hospital into practice accustomed to its methods and cautions, without fear of disaster, and ready for sound, honest work."

An unknown case is brought before him and his class, and he proceeds to deal with it as nearly as is possible in the same manner as he would in private practice.

He lays stress upon the importance of always following a definite plan of procedure; it may not be the best, but it is far better than no plan. He first asks the patient to tell the symptoms of which he complains, how long he has been ill, and in what way his illness began. Secondly, he endeavors to learn from the patient the number and nature of the troubles he has suffered in the course of his life. Thirdly, he makes the acquaintance of the medical history of the patient's family.

Having acquired this information and found the patient's statement points to the lungs as the chief seat of malady, he investigates these organs with all the modern aids to diagnosis. This completed, he separately investigates the conditions of the circulatory, digestive, genito-urinary, cutaneous, and nervous systems. Thus he ascertains the manner and degree in which the constitution is being affected by the disorders which may have been brought to light.

Now he is able to state in order the symptoms and signs of the patient's disease, and the signs and symptoms of disorder or disease which may exist casually or independently elsewhere than in the lungs. He is able to elicit their relations, to interpret their meaning, and to set forth their bearing upon the future course and complications of the case.

Now he can discuss the probable nature of the malady and frame the diagnosis. This done, he considers the probable future of the case, settles the report to be made to the friends, and finally determines the treatment to be pursued. From time to time the case is re-examined in order to correct or confirm the diagnosis, to determine the way in which the disease is going, and to consider the use or uselessness of remedies.

Dr. Clark assures his students that "If they adopt this plan, if they follow it step by step, if they follow it unintermittingly, and if they bring all their collateral knowledge to bear upon its development, they will be preserved from confusion in emergencies, they will acquire a growing interest in their work, their minds will have formed a precious habit, their whole nature be lifted up, and in due season their labors will yield fruit both abundant and good. Further, in the carrying on of their work in this manner they will have trained their understandings, disciplined their hearts and exercised their wills to the utmost of their capacities. They will become cultivated men, and be able to hold their own on topics of mutual concern with the public in the gate, and they will be prepared to deal successfully with those problems of the moral life from which few cases of disease are entirely exempt."

We heartily congratulate Dr. Clark's students upon the rich instruction they receive at his hand. There are but few genuine teachers of medicine after his pattern, and those that are favored with their instruction should be doubly grateful.

All clinical teachers could not fail to do better work by the study of Dr. Clark's method. Unfortunately, very much of clinical teaching is designed to pilot patients into the consulting room of the teacher, and not for the education of the student, so that he may become an independent, wise, efficient physician. For such, the methods pursued by Dr. Clark will have no attraction. Only for those who love to teach medicine so that their students may become physicians of the highest type will his lesson come as a welcome gift.

A CASE OF ETHICAL COLIC.

DR. N. R. COLEMAN, with some of his associates in the faculty of the Columbus Medical College, seem to have been suffering from a severe attack of *ethical colic*, and appeal to the profession for sympathy and help. The disturbing cause was the graduation of two young men who had studied the regular length of time, had attended the lectures without objection by the Dean, had passed excellent examinations in all their medical studies, standing at the head of the class, but failed to receive the recommendation of the majority of the faculty on account of the irregular practice of their preceptors. The moral character of the young men was without reproach, and their qualifications so far as literary and scientific education were concerned, unquestioned. The popular verdict will be the trustees were right in their decision. Public opinion with its practical common sense is fast proving an efficient remedy for the ethical colic of college hysteria, which has so long afflicted medical colleges and medical societies.

A REMARKABLE ADDRESS.

DR. JOHN B. ROBERTS, in his presidential address, made use of the following remarkable statements:

"The Philadelphia County Medical Society should be liberal enough in its policy to accept as a member any physician whose education and personal character make him a fit associate for intelligent men. Let the test be not the school or college from which he received his diploma, but an education enabling him to understand and appreciate the science of medicine, coupled with an honest purpose to treat his patients by all means or methods which experience, investigation and research show to be serviceable. His political, religious and social beliefs or affiliations should not disqualify him; nor should his opinion that in similars the physician will sometimes find a remedy of value in the treatment of disease.

"There are those who believe that in 'like cures like' is found the only and the universal law of therapeutics, but their number is increasingly small. Those in this city who practice only in accordance with this exclusive dogma can probably be counted on one's fingers. A pretty extensive study of the literature of sectarian medicine has convinced me that the time has come when we should say to all educated and honorable physicians of this city, even to those who have graduated from sectarian medical institutions, 'The Philadelphia County Medical Society is open to you to become members, if your beliefs do not necessitate the "rejection of the accumulated experience of the profession and of the aids actually furnished by anatomy, physiology, pathology and organic chemistry."'

"I know that this has always been the unspoken attitude of this society's law; but it needs to be said loudly and openly. Church unity is the aim of the religious sects of the day; medical unity should be the aim of professional societies.

"It is unreasonable to expect physicians whose boyhood and early professional life have been spent in the atmosphere of sectarianism to make a formal public recantation. Acquiescence in the results of scientific therapeutics is all that should be demanded of them."

If Dr. Roberts is supported by his society, the beginning of the end has been reached.

The TIMES has been urging for a long time that an overture should come from the dominant school, and it has! The invitation could not have emanated from a better source than from conservative old Philadelphia, nor from one more unexpected!

Dr. Roberts' proposition is honorable and magnanimous, and should be accepted by all who do not reject the accumulated experience of the profession and of the aids actually furnished by anatomy, physiology, pathology and organic chemistry. We do not know of one in the so-called homœopathic school who does reject these experiences and agencies, and Dr. Roberts' overture should be received graciously and with appreciation, in the spirit in which it is offered, by those to whom it comes.

No formal recantation is asked, no creed to be subscribed to, all is open and above-board, humanitarian and brotherly!

Dr. Roberts proposes that the invitation to medical unity shall be heralded upon the housetops—"*loudly* and *openly*!" It is not necessary for us to say that these are the sentiments we

have been urging for many years, it is well known, and now that the climax has come from such a source, we are truly thankful.

Now let our Medical Society of the County of New York take a similar step. This society some years since started bravely in this direction, but soon was frightened into a back-track which resulted in an unfortunate by-law requiring "*recantation*" of all candidates to membership who had ever practiced sectarian medicine, and not a candidate has appeared to make the recantation! This by-law effectually closed the door to many who would otherwise have sought membership, and medical unity received a set-back.

Wipe out this bigoted by-law and accept the the policy proposed by Dr. Roberts, and sectarian medicine will receive a great shock in this vicinity.

Who will make the motion to rescind the obnoxious by-law? The next move should be for the homœopathic societies to drop the sectarian name, and change their by-laws to agree therewith. Then there need be no disbanding of societies, and those who see fit could continue membership with their friends and acquaintances, and confine their discussions, if they want to, to the application of the rule of similars in medicine, or anything else they choose. They would then really become a "specialty" in medicine, as proposed by Dr. Conrad Wesselhœft some time ago.

ASTRAL CONCEPTION. — An exceedingly amusing trial, says the *New York Recorder*, in the courts of Rome, has recently been the cause of a good deal of comment among aristocratic circles in Italy.

An Italian duke, well known in this country, was over here up to last summer on a prolonged visit. On his return home he found that the duchess was just about to give birth to a child, which she endeavored in vain to persuade the duke was his.

Inasmuch, however, as the duke had been absent from Italy and from his wife for a period of close upon two years, it was obviously out of the question to suppose that he would admit the paternity of the infant, which is now a few months old.

The duchess is now trying to convince the law courts that the boy is her husband's son, and, being a follower of the cult inaugurated by Mme. Blavatsky, has accounted for what she is pleased to call the "phenomenon" by references to astral bodies and spiritual unions, which are sorely puzzling her judges as well as her husband.

THE COLUMBIAN EXPOSITION.

EVERY effort is being made on the part of the people of Chicago to extend every possible courtesy, and to give every facility for instruction and a thorough enjoyment to the crowds who will visit the city during the exposition from every department of literature, science and labor. The well-known firm of Chas. Traux, Greene & Co., physicians' supplies, will establish a bureau of service and information to be operated during the entire session of the World's Fair free of all expense to the medical profession. The service will include a list of hotels and boarding-houses, banking facilities, telegraph, telephone, stenographic, livery, cab, express, baggage and freight service, arranged in the building, and legitimate rates secured. Interpreters in the different modern languages will be located in the building. On arriving at the depot and taking a cab direct to the office 75 and 77 Wabash avenue, any information about the city or the Fair will be communicated.

HEREDITY.—It is well known that a variety of animals and even birds take very kindly to alcoholic stimulants, but after getting once the full alcoholic action, with its after effects, they seldom get caught a second time. Mr. J. E. Muddock, Fellow of the Royal Geographical Society, observing that in India both wild and tame monkeys drink arrack and beer greedily, suggests that on the principal of heredity man's love for alcohol is due to his anthropoid ancestors. The attraction of alcoholic stimulants to animals seems to be almost entirely in the taste. It is the same fascination which exists in human beings and which causes them to push the beverage to its drug action, forgetful of the terrible after effects, culminating in the loss of reason and giving full play to the worst phases of animal passion. In the process of evolution the full effects of alcohol gives us a faint idea of the intermingling of the brute instincts with the human, and how infinitesimal is the dividing line between them.

We have received the first decennial catalogue of the College of Physicians and Surgeons of Chicago, which also contains the announcement of its curriculum for the coming year.

We notice that there has been a radical change in the requirements for admission of students, the course of study, and the requirements for graduation. Those who are interested should send for a copy, as it is very elaborate and interesting.

In the requirements for the degree we observe that *any physician is accepted as preceptor who is recognized by the State Board of Health*, and no discrimination is made against any medical college as being irregular!

This is a great step in advance of most colleges which call

themselves regular, and ought to attract many students. The time has gone past when medical colleges ought to discriminate against each other on account of sectarianism, because the final examination is sufficient safeguard.

The non-resident course for the first year is novel and practical, and as the work is too elaborate for us to more than call attention to it here, we advise students to write for the announcement which gives all the details to Dr. Bayard Holmes, Secretary, 240 Wabash avenue.

* * *

The Post Graduate Medical School and Hospital, 226 East 20th street, New York, one of the oldest and best equipped of its class, continues to receive students regardless of the *Alma Mater*. Graduates of Homœopathic Colleges receive the same courteous treatment at this school as any, and have from the beginning. The school is splendidly equipped in every respect, and is very popular with all classes of students.

We cordially commend this school to all students who desire to study in New York, as the one they want.

* * *

We have received through the courtesy of Dr. John B. Roberts, president of the Board of Trustees, the ninth annual report of the Philadelphia Polyclinic. From it we learn that 321 patients were gratuitously treated during the year, and 82 pupils were in attendance. In the list of colleges where the pupils graduated we notice that four of the number came from homœopathic institutions, showing that no discrimination is made here against this class of practitioners. We should expect this to be the case when we notice that so liberal and progressive a man as Dr. Roberts is at the head of the organization.

This school should have the support of the profession, as its faculty is composed of most eminent specialists.

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OUTLINES OF ZOOLOGY. By J. Arthur Thomson, M. A., F. R. S. E., Lecturer on Zoology in the School of Medicine, Edinburgh; Joint Author of the "Evolution of Sex;" Author of "The Study of Animal Life." With Thirty-Two Full-Page Illustrations. New York: D. Appleton & Co., 1892, pp. 641, 12mo.

This book is intended to serve as a manual for students. Great care has been taken in its production by a most capable author, who has stated his text very concisely in excellent English, and the work will be found acceptable by those for whom it is intended. It will be found convenient by the student of comparative anatomy as a handbook. The physical part of the work is unexceptional.

A TREATISE ON BRIGHT'S DISEASE OF THE KIDNEYS: Its Pathology, Diagnosis and Treatment, with Chapters on the Anatomy of the Kidney, Albuminuria and the Urinary Secretion. By Henry B. Millard, M. A., M. D., Fellow of the Academy of Medicine of New York, and of the American Academy of Medicine; Foreign Corresponding Member of the Academy of Medicine of Paris; of the Royal Academy of Medicine of Rome; of the Verein Deutscher Aerzte of Prague; of the Société D'hydrologie Médicale of Paris; Honorary Member of the Société Anatomique of Paris, etc., etc. With Numerous Original Illustrations. Third Edition. Revised and Enlarged. New York: William Wood & Company, 1892, pp. 322, large octavo.

The author says that since the appearance of the second volume of his work, he has devoted much time to retracing former experiences and adding new, and as a result of prolonged new observations and investigations, he has changed many of his former opinions and conclusions, especially with reference to the existence of what is known as "physiological" or "normal" albuminuria.

Chapter VIII., which treats of this subject is entirely rewritten.

Much of the work has been written anew, notably the chapter on tests for albumin, and a great deal of new matter has been added, especially upon the albuminuria of pregnancy, the ocular lesions and mental disturbances attendant upon Bright's disease, the use of anæsthetics in nephritis, the malarial and bacterial origin of nephritis; its curability; upon the dietary, and the use of mineral waters, and the treatment.

The author has endeavored to present a *useful* handbook and compendium of Bright's disease, one of practical value to the physician in aiding him to comprehend and to manage from the foundation these intractable cases. It is certainly quite flattering that a third edition should be called for in so short a time.

DEAFNESS AND DISCHARGE FROM THE EAR. The Modern Treatment for the Radical Cure of Deafness, Otorrhœa, Noises in the Head, Vertigo and Distress in the Ear. By Samuel Sexton, M. D., Author of "The Ear and Its Diseases," etc., etc., Assisted by Alexander Duane, M. D. New York: J. H. Vail & Co., 1891, pp. 89, 12mo.

The author of this little *brochure* stands so pre-eminently at the head of his *specialty* that whatever he may say or propose, however radical it may appear at first thought, it always commands respect and consideration.

His vast field as Surgeon to the Eye and Ear Infirmary, together with an enormous private *clientele*, gives ample opportunity for developing his methods and demonstrating their utility.

The treatment of the ear as proposed by Dr. Sexton is based upon modern surgical principles, and the history of his many cases treated shows the certainty which may be predicted from the methods employed.

Dr. Sexton removes the drum membrane and more or less of the bones of the middle ear, according as they may be diseased or healthy. The operation applies to a class of hopeless cases which no other treatment will reach, and his clinical reports certainly bear out all he claims. We advise our readers to send for the book, which, by-the-way, is a very small one and costs little, and read for themselves what the author claims.

DISEASES OF THE URINARY APPARATUS. Phlegmatic Affections. By John W. Gouley, M. D. New York: D. Appleton & Co., 1892.

The lectures, twelve in number, which constituted this volume, were published in the *New York Medical Journal* in 1891, to which is added an addendum on retention of the urine from prostatic obstruction in old men.

TREATISE ON GYNÆCOLOGY, MEDICAL AND SURGICAL. By S. Pozzi, M. D., Professor Agrégé à la Faculté de Médecine; Chirurgien de l'Hôpital Lourcine, Pascal, Paris; Honorary Fellow of the American Gynæcological Society. Translated from the French Edition under the Supervision of and with Additions by Brooks H. Wells, M. D., Lecturer on Gynæcology at the New York Polyclinic; Fellow of the New York Obstetrical Society and the New York Academy of Medicine. Vol. II., with One Hundred and Seventy-Four Wood Engravings and Nine Full-Page Plates in Color. New York: William Wood & Co., 1892, pp. 583, octavo.

This work is claimed to be the best treatise on gynæcology which has appeared in many years. The editor says that "the cosmopolitan spirit of its author, shown in his exhaustive research and judicious appreciation of the work of other nations, together with his keen and mature

judgment in utilizing the material from his own rich clinical fields, make it a clear and reliable guide to the most advanced and best practice in this specialty."

The text, while concise, is sufficiently complete for most purposes, and is couched in most readable English.

The work is brought down to date, and should be in the hands of all who are interested in the subject.

HIGHER MEDICAL CULTURE. Medical Science Based on the Four Vital Properties and Laws of Organic Force. By W. R. Dunham, M. D. Troy, N. H.: 1892, pp. 215, 12mo.

The author claims to have found the missing link in medical science, in the laws and methods which organic force displays in relation to non-nutritive material.

The volume also includes the "defining of the several vital properties of life with their alleged sphere of fulfillment and compensating relations of purpose, together with such laws of general application in aid of self-preservation of the organic body as will furnish a basis for the making of a more extended application of organic force or vital instinctive activity, in the name of theory and practice, and become applicable in the treatment of disease." The author has presented his theories in excellent English and begs for criticism.

BACTERIOLOGICAL DIAGNOSIS: TABULAR AIDS FOR USE IN PRACTICAL WORK. By James Eisenberg, Ph. D., M. D., Vienna. Translated and Augmented with the Permission of the Author. From the Second German Edition. By Norval H. Pierce, M. D., Surgeon to the Out-Door Department of Michael Reese Hospital; Assistant to Surgical Clinic, College of Physicians and Surgeons, Chicago, Ill. Philadelphia and London: The F. A. Davis Co., 1892, pp. 184, large octavo.

The object of this work is to furnish a guide to the student and an aid and a summary to the more advanced worker in bacteriological research.

The fact that the work is a text-book in Professor Cohn's laboratory, as well as with other eminent teachers, is considerable guarantee of its worth, and it is sure to find a place with workers in this department.

THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONERS' INDEX. A Work of Reference for Medical Practitioners. Editor, Percy Wilde, M. D., with a Large Corps of Assistants. 1892. Tenth Year. E. B. Treat, New York. Price, $2.75; pp. 644, octavo.

This work is too well known to require anything more than an announcement of its issue. The text is fully up to the usual standard, concise, crisp and to the point.

THE YEAR BOOK OF TREATMENT FOR 1892. Philadelphia: Lea Brothers & Co., 1892.

The "Year Book," though edited by English authors, contains a very fair abstract of all that is new in medical literature, especially periodicals, throughout the world. These year books are great savings of time and money in giving us the cream of periodical literature in a convenient form and at a low price.

GOOD ADVERTISING.—The Arlington Chemical Company distribute to the press and to the profession, in the form of an advertisement to their beef peptonoids and phospho caffein comp., which have become deservedly popular, a series of well-executed portraits of American men of eminence. This series comprise life-like portraits of Fordyce Barker, Henry W. Longfellow, U. S. Grant, R. E. Lee, J. R. Lowell, Joseph Leidy and C. Vanderbilt.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA, 1891, pp. 341, octavo.

This report, as usual, contains much interesting and instructive matter. We note that Dr. Malcolm Macfarlan, a high dilutionist, of Philadelphia, in writing of "potentized medicines in surgical cases," says that "current homœopathy is being rapidly absorbed, and that the difference in practice exists mostly in name."

Just what we have been saying and have been abused for repeating for many years! Go ahead, gentlemen! Come to our standard, we will cordially welcome you all!

THE HOMŒOPATHIC THERAPEUTICS OF HÆMORRHOIDS. By Wm. Jefferson Guernsey, M. D. Philadelphia: Bœricke & Tafel, 1892. Second Edition, pp. 142, 12mo.

This little work is after the plan of "Bell on Diarrhœa," and is an excellent compilation for those who can use it.

TRANSACTIONS OF THE NEW HAMPSHIRE MEDICAL SOCIETY AT THE CENTENNIAL ANNIVERSARY HELD AT CONCORD, JUNE 15-17, 1891, pp. 270, octavo.

An interesting volume of biography, local medical history and obituary.

PHYSICIANS' LEISURE LIBRARY SERIES. George S. Davis, Publisher, Detroit. "Uses of Water in Modern Medicine." By Simon Baruch, M. D. Vol. I. Price, 25 cents.

A German edition of the second revision of Gower's Book on the Nervous System has just been published by Cohen, of Boun, and we understand that an Italian translation is nearly ready.

A new volume of *The Century* will begin in May with a number of unusual interest. Three important serial features will be commenced in this number, namely—Señor Castelar's "Life of Christopher Columbus;" "The Chosen Valley," a novel of western life by Mary Hallock Foote; and the series of articles describing the architectural features of the World's Fair, which a well-known architect is to contribute.

The April (1892) number of the *Alienist and Neurologist* contains: "Surgical Cure of Mental Maladies"—Résumé, by Dr. Guiseppe Seppilli, Italy; "Some Principles Involved in the Nature and Treatment of Inebriety," by T. L. Wright, M. D., Bellefontaine, Ohio; "Art in the Insane," by J. G. Kiernan, M. D., Chicago, Ill.; "Drug Habituation," by Lucius W. Baker, M. D., Baldwinville, Mass.; "Tumor of the Cerebellum," by George J. Preston, M. D., Baltimore; "The Epidemic Inflammatory Neurosis; or Neurotic Influenza," by C. H. Hughes, M. D., St. Louis; "Pessimism in its Relation to Suicide," by Wm. W. Ireland, M. D., Scotland; "Classification of Insanity," by C. G. Chaddock, Traverse City, Mich.; "Report of a Case of Transitory Frenzy," by Theo. Diller, M. D., Pittsburg; "Intermittent Paralysis," by L. Bremer, M. D., St. Louis.

Besides the usual Selections, Editorials, Hospital Notes, Reviews, etc.

C. H. HUGHES, M. D., Editor,
500 N. Jefferson Avenue, St. Louis.
Subscription: $5.00 per annum; single copies, $1.50.

The memoirs of the late Dr. D. Hayes Agnew will soon be issued from the press of the F. A. Davis Company.

TRANSLATIONS, GLEANINGS, ETC.

RETROSPECTIVE THERAPEUTICS.

BY ALFRED K. HILLS.

The Electric Light for Nervous Complaints.—It is said that the electric light is being used in Russia as a cure for nervous complaints. A prominent Moscow physician enumerates fourteen cases in which he has found his treatment remarkably successful. He employs an incandescent lamp, which is provided with a funnel-shaped reflector, which is turned directly on the part of the body where pain is felt. The application in cases of nervous headache lasts from ten to fifteen seconds; other neuralgic pains are treated for from three to five, and sometimes even for ten, minutes, until the patient feels a pleasant sensation of warmth. Surprising results are said to have been obtained by the treatment.

Blistering for Varicose Veins.—Dr. William Taylor (*Provincial Med. Jour.*) considers blistering to be "eminently restorative" in varicose veins, and found it specially useful in old people. He does not believe in elastic stockings, and considered operative treatment unscientific. He supposed that the coats of the veins participated, in some way which he could not explain, in the restored vitality set up by the action of the blisters. He found that the veins remained sound for several years, but were then apt to become distended again, and required the treatment to be renewed. Its great advantage was that it could be used in cases where palliative treatment was contraindicated, and that it always did good to the solid œdema so often associated with the varicose condition.

The details of the treatment were as follows:

1. Remove the cause.
2. Obviate the tendency.
3. Elevate the limb for twenty-four hours.
4. Blister from the foot upwards, six inches daily, watching the kidneys and bladder. First, paint the part with Rubinis tincture of camphor, then with blistering fluid and lastly with collodion. The blisters must rise and serum be withdrawn to do good.
5. When whole limb is blistered, apply plaster to the whole length of the vein for two weeks.
6. Remove the plaster and see what is the result of the treatment. If the veins bulge, blister again; if they are all right, apply more plaster, and allow gentle exercise for a week.

If at the end of that time the veins are still in good condition, no further treatment is needed.

Extracts of Organs as Therapeutical Agents.—Dr. Brown-Sequard's famous elixir has been the subject of many pleasantries, but the employment as therapeutical agents of extracts of organs or animal tissues seems, nevertheless, to be gaining ground, says the *Lancet*. In a case of heart failure M. Onimus, of Monaco, has had recourse to the subcutaneous injection of an extract of heart-muscle, and he claims that this novel medication determined the disappearance of the orthopnœa. The other symptoms—shortness of breath, debility—were diminished by similar injections of a glycerine extract of spinal cord. In a typical case of glosso-labio-laryngeal paralysis, which had reached the last stage, great benefit is said to have been derived from the use of these nerve extracts, and similar results are said to have been noted in cases of tranverse myelitis, chronic spinal meningitis and early locomotor ataxia.

Birching for Nocturnal Enuresis.—A correspondent of the *Lancet* advises for nocturnal enuresis that the old-fashioned remedy of birch-rod be employed shortly before the boy is put to bed; six, not severe strokes, repeated two or three nights at the outside, will effect a cure. The birching should be regarded by all parties not as a punishment for the past, but as treatment for the future—a very different thing. The *rationale*, he thinks, is: 1, that it wakes up a desire to avoid wetting the bed; 2, that it draws the blood to the surface for a few hours, and thus relieves the pelvic organs; 3, that it stimulates the lumbar center, controlling micturition through the nerves distributed to the upper gluteal region; and, 4, that it prevents the patient lying on his back.

Potassium Iodide for Muscæ Volitantes.—This annoying phenomenon, so frequent in myopia and in conditions affecting the inner coats of the eye, is happily relieved, says the *Gazette des Hôpitaux* for November 6, 1890, by the following treatment, that must be persisted in for some time. It consists in the daily instillation into the eyes of a solution of one part of potassium iodide in two hundred parts of distilled water.

Treatment of Oxaluria by Permanganate of Potash.—Dr. H. J. Norris writes in the *Mass. Med. Jour.*: When we consider the fact that uric acid may disappear entirely from the urine, and that oxalic acid is not normally present, is it not fair to conclude that the uric acid must, in the normal condition of things, undergo decomposition in the body? We find that by adding an excess of permanganate of potassa to uric acid out of the body, it is directly converted into urea and carbonic acid; and that when the oxidation is less complete, it passes into the form of urea, oxalic acid and carbonic acid. If, therefore, we would prevent the formation of uric acid and oxalic acid, we must supply the equivalents of oxygen and of water. This is most conveniently done in the form of permanganate of potassa:

℞ Permanganate of potassa..... grs. viij.
Water..... f℥ij.
M. Sig.—One teaspoonful to be given three times a day.

It should not be given except on an empty stomach; for in contact with organic matter it is decomposed, yielding its oxygen to any element, simple or compound, that will receive it. Dr. Norris has repeatedly directed, during the past four years, the permanganate to be given as above in oxaluria, with the most happy results.

Chloride of Ammonium in Influenza.—At a recent meeting of the Paris Academy of Medicine, M. Marrotte advocated the use of chloride of ammonium in the treatment of epidemic influenza, in preference to sulphate of quinine. M. Marrotte speaks very highly of the results obtained by chloride of ammonium, the advantage of which over quinine he claims to be that it is much cheaper, more rapid in its action, and brings about a more complete and definite cure. It is more especially in complicated forms of the disease that ammonium will be found serviceable. From fifty to eighty grains may be given in twenty-four hours in the form of eight-grain powders, which may be conveniently concealed in a wafer.

Formic Acid in Surgical Tuberculosis.—In a paper read before the German Surgical Congress, Dr. Senger stated that his attention had been drawn to the fact that, in the treatment of surgical affections with iodoform-glycerin emulsions, the effects produced differed greatly, according to the quality of the glycerin employed. It was found that impure glycerin contained always a certain amount of formic acid, the proportion varying according to its degree of impurity. This led him to infer that the marked irritating properties of formic acid might have some share in the curative effects of iodoform emulsions in tuberculous processes. The fact that iodoform, when introduced into the body, is converted by the process of oxidation into formic acid and hydriodic acid, explains its varying effects in different cases. When oxidation is sufficiently active to decompose it, iodoform exerts a curative action, which is not manifested when the process of oxidation is feeble. For these reasons the author added formic

acid to iodoform emulsions and obtained favorable results, where the latter proved ineffective. In cases of tuberculous affections of the glands, and in a case of tuberculous arthritis of the ankle joint, formic acid was used alone, the formate of soda in solution being injected. The results were excellent.

Bull Nettle in the Treatment of Syphilis.—Dr. W. W. Pugh states in the *Southern Practitioner* that he has been experimenting for more than two years with the root of a plant that grows in Texas, known by botanists as *jatrophia stimulosus*, and commonly called "bull nettle." He has found it to be especially adapted to the treatment of syphilis.

It is a stimulant of unusual power, and a most excellent alterative. He has treated quite a number of syphilitic patients, suffering from the worst forms of the disease, and has relieved them in three or four weeks, the symptoms not having reappeared in those treated over two years ago.

He makes a tincture of the root, and gives from twenty to thirty drops three times a day.

Black Noble Palm for Blood-Poisoning.—It is stated by a correspondent of the *Therapeutic Gazette* that Dr. Engels, a German physician, who emigrated in 1874 to Africa and has now returned, is the discoverer of a reliable remedy for blood-poisoning caused by snake-bites and rabid dogs. He succeeded, after searching in vain for seventeen years, in ultimately recognizing the wild-growing black noble palm as the hunted treasure. Five hundred negroes bitten by poisonous snakes were treated with the extract of the noble palm, and four hundred and eighty-seven were cured in five days. Of sixty-seven farmers and negroes bitten by rabid dogs, sixty-five were saved while two died of weakness. The remedy is injected under the skin, and causes a moderate fever, not exceeding 35.5° C. On the third day the patient is without fever, swelling and inflammation of the affected part have disappeared, and on the fifth, or, latest, on the seventh day, the patient is cured. The remedy must be kept in a dark-colored bottle in a cool and dark room. Koch and Pasteur have each received a bottle of the precious extract, and, as soon as these authorities have expressed their views, the details in preparing the remedy will be published.

Cantharides in Carcinoma.—Wolfert (*Norsk Mag. F. Loegevidenskaben*, No. 7, 1891), in a case of previously operated and recurrent carcinoma of the left mamma, of the size of a walnut, cautiously administered, after extirpation of the node, the following:

℞ Tinct. Cantharid.
Vin. camph..... āā Gm. 5 (fl. ʒ jss.)
Mucil. gumm. Arabic.. Gm. 200 (fl. ʒ iv.)

The cancer did not recur. The patient married again, bore two children, and still lives.

In 1879 the writer treated a case of carcinoma of the pharynx with cachexia. Under the use of cantharides the symptoms not only were ameliorated, but the growth did not increase in size, the patient's strength returned and the patient continued well. In 1880 he operated on a woman for a large carcinoma of the mammary gland. The same treatment was instituted. The patient still lives, free from any recurrence.

Crude Petroleum in Conjunctivitis.—Dr. Trousseau (*Rev. Clin. de Los Hosp.*, Nov. 29, 1891) has used crude petroleum in the treatment of conjunctivitis, and concludes that crude petroleum has a favorable influence upon the infectious forms of conjunctivitis, is always well borne, and is especially indicated in children and weak persons. Although capable itself of curing many cases of conjunctivitis, petroleum may be associated with other remedies.

Listerine in the form of spray or as a gargle has proved most valuable in the treatment of the persistent cough of la grippe.

Are Party Lines Disappearing?*—Once in a while we are led to believe that the division between the different schools of medicine is almost an imaginary quantity; it certainly is an indefinite quantity, similar to the letter *x* as used in algebra. Occasionally we run across articles that impress us with the fact that all schools are tending to a *rational* system of medicine, and that the precepts and dogmas of the ancients are fast losing their hold, because of the higher education which is becoming more and more a necessity in the study of medicine. The age of superstition is past; enlightenment, the result of education, is subjecting all theories to the crucial test of intelligence, and the result has been to lead all schools of medicine toward a common, rational view of therapeutics.

We find among the religious denominations a growing tendency to subject many of the previously accepted dogmas to the purifying fire of intelligent and rational criticism. The result can not fail to be of benefit to all religious sects.

This same criticism and minute examination has been going on in the medical world, and the results are becoming every day more manifest. Narrow lines of practice are being replaced by broader ideas; iron-clad adherence to sectarian teachings is rapidly becoming a thing of the past, and all lines appear, at present, to converge to a point which we may, in the absence of a better term, denominate *rational medicine*.

These thoughts were very forcibly brought to our mind by reading the following editorial from the *Homœopathic News* for March, 1892, entitled "Whither Are We Drifting?"

This is the title of a wailing editorial in the last number of the *Northwestern Journal of Homœopathy*.

But it seems to us more like the wail of an Oriental hired mourner than genuine grief, for we know that the writer thereof has himself drifted away from that which was considered homœopathy by its strict votaries of forty years ago. He says: "The practitioners of homœopathy forty years ago who are now living can scarcely recognize the merchantable article called homœopathy at the present day." This is true, provided the practitioner of forty years ago has remained stationary and not advanced beyond the homœopathy of Hahnemann, as taught by him in his senility.

The editor indulges in some unwarranted statements, we believe, when he asserts that, while the practitioners of homœopathy have increased the last forty years from 1,000 to 10,000, "the number who really practice homœopathy are very few compared with the proportions who did so forty or twenty years ago." If he means *as* they did forty years ago he is right, and for good reasons, namely: If all the 10,000 homœopathists should at once commence to practice as our predecessors did forty years ago, they would soon be without practice. We venture to assert that had not our school drifted away from the practice of forty years ago it would have been dead and buried long since.

We can not answer the wailing question. It can no more be answered than the wail of the Calvinist, who asks, "Whither Are We Drifting?"

* The Cincinnati *Lancet-Clinic*.

But we can tell the doctor what we have drifted away from.

We have drifted away from the practice of giving a pellet of the two hundredth or higher, and waiting thirty or sixty days for its curative effects; from the prescribing of a high dilution by smelling the dry pellets, those same pellets "grafted" by shaking a thousand pure pellets with one medicated by the ten-thousandth.

We have drifted away from a belief in provings made by taking a single dose of the one-thousandth, thirtieth, or third even, and then recording all the symptoms felt by the prover, natural symptoms, colds, diarrhœa, etc., for the next sixty days!

We have drifted away from the carrying a pocket repertory to the bedside of the patient, and recording the symptoms in columns, and a weary search in said repertory until a mechanical similimum was found. We have drifted away from the days when our pseudo-surgery was a disgraceful farce, when we expected silica to open a felon, or hepar sulphur to lance an abscess.

We have drifted away from the narration of miraculous cures with the highest attenuations, which were not cures at all, but a spontaneous finale of self-limited disease. We have drifted from the days when our practitioners would sit by the bedside of a woman dying of uterine hemorrhage, hunting in a repertory for the "indicated remedy," while the vital fluid was ebbing away, without recourse to the tampon or ergot.

We have drifted to the region of rational homœopathy, where symptoms mean something, and are not mere pegs to hang our practice on; where we distinguish intercostal from a pleuritic pain and a cardiac neurosis from a structural lesion; where we are beginning to study the action of our drugs in some other method than by "the rule of thumb."

On one point the editor is sound. He blames the "imperfect manner in which our materia medica is taught in our school." We agree with him most sincerely.

Not until materia medica is taught in some other way than by "cards," "keynotes," or "guiding symptoms" *alone* can we lay claim to scientific teaching. A few of our colleges have discarded this plan, and the sooner others do the better for our system. We beg the editor not to wail. We are not "drifting into empiricism;" we are not deserting the law of similia. We are rapidly learning how to make homœopathy more respected, more powerful and more scientific.

We are not drifting into the arms of allopathy; on the contrary, it looks as if they were being drifted against their will into our arms. Let the internationals rave; they do nothing more than make themselves ridiculous. They can not by their mutiny "wreck the old ship" upon the barren shores of transcendentalism. The American Institute of Homœopathy has a good crew now on board the "old ship," and will conduct her safely to her destination.

Personally, we believe that the above article is an indication of a healthy state of affairs, and it was with much real pleasure that we read it. It shows that bigotry is beginning to disappear, and that we may reasonably expect the chasm of ignorance which has yawned between the schools to become filled with ideas, the result of careful, painstaking investigation and liberal education and research.

We have often been impressed with the belief that the grand work which may be expected from physicians in the future must come through higher education. This will be the foundation stone upon which the permanent structure of the science of medicine must rest.

As to the question regarding the concessions to be made, we can only say that therapeutics is far from being a fixed science; we are all drifting without fixed direction or the means of steering clear of quicksands and errors, and it makes but little difference which school is drifting the more; the pleasing and very evident truth is that we are drifting out of the fogs that have so long obscured the proper course, and into the calm seas and bright sunshine of a therapeutic science based upon the actual pathological process present in each case. Let none of us be so unwise as to endeavor to bring back the fogs and reefs which have endangered the usefulness of medicine in the past.

[ED. NOTE.—We are pleased to quote the above from the editorial columns of that staunch and excellent journal, *The Cincinnati Lancet-Clinic*. These are the sentiments the TIMES has been reiterating for years, and it naturally pleases us to find these views promulgated, even at this day, by a paper with such high standing in the profession!

Keep the ball a-rolling, and soon the barriers between the "schools" will disappear, and all will wonder what kept us apart so long, the differences being so slight!

Grippal Pneumonias: Therapeutic Indications* (by H. Huchard, M. D., of Paris, France).—I have often said, and will now repeat, that in pneumonia the disease is in the lungs, but the danger is in the heart. In grippal pneumonia the danger lies chiefly in the nervous system. It is our knowledge of this fact that must lead us to recognize the therapeutic indications.

In all grippal manifestations we ought not to consider this or that diseased organ and direct to that alone our therapeutic measures. For instance, a simple disturbance of the stomach shows itself. It persists after many weeks notwithstanding all treatment. If in that simple gastric derangement (which is only a point in your diagnosis) you take nothing in consideration but a diseased stomach or else an intestine in which there is a rapid increase of toxines or micro-organisms, then your therapeutic medication is irrational. Behind this affection, although simple in appearance, there is an alteration of the nervous system, an asthenia difficult to overcome and against which you may wrestle without a chance of success. This is true during an epidemic of influenza, when without fever or any local manifestation, the disease is only characterized by this nervous asthenia to which the term *grippal state* may properly be given. It is this asthenia, without any gastric disturbance, that you try to combat when it is free from all complication. You must not forget that derange-

* An abstract from the *Medical and Surgical Reporter*.

ment of the stomach is only an element superadded to the nervous asthenia.

The same holds good in regard to grippal pneumonias; but here, the intensity of the inflammatory processes is such, that very often all your attention is directed to the lungs, which permits you to see only a diseased organ when, in fact, the whole system is affected. What can you do against a pneumonic process which must have its own precise cyclical evolution? Nothing, or almost nothing. We no longer recommend the expectorants, kermes mineral, antimony, that is, all those remedies which depress the heart; nor blood-letting which depresses the forces and which is only indicated in special cases, such as peripneumonic congestion or threatening mechanical asphyxia; nor even blisters, which constitute the chief indication, are now ever employed. If you follow such a practice, employing these medicaments and measures in a systematic manner, from routine, you will only make conditions worse, by adding a bad remedy to a bad disease.

In the course of pneumonia or pulmonary congestion, there is a compensatory organ which will be called upon to wrestle constantly against the enormous disturbance of the circulation, and such an organ is the heart. It is that which, from the very beginning of the disease, must be sustained and strengthened in a systematic manner, without waiting for the organ to become weakened in its functional activity and contractility. You must not forget that in influenza the heart is more markedly affected in its nervous mechanism than in its muscular element. This in view, you must not commit the error which I shall presently point out to you. A pneumonia, more or less diffused, is developed. The heart, apparently unaffected during the first few days, becomes accelerated in its action, the systole is vigorous, the pulse has a vibrating character, and owing to these circumstances you are apt to believe in non-cardiac interference. You do not notice that the heart is acting violently in the struggle, and that as a result of this, exhaustion of it will ensue, from which it will never recover; and that this apparent cardiac force is an index, a proximate cause of its weakness. Such order of things have I observed in many cases.

Following this period of excitation, weakness of the organ ensues, and it is only at this time that you think of administering digitalis, when nothing can be done for an organ whose contractility has been enfeebled, and when diuresis can not be produced owing to the impermeability of the kidneys, this condition appearing at an advanced period of the disease. Digitalis must be prescribed at the very beginning of the pneumonia. It is this method of treatment which I especially recommend, and which has been adopted by other authors, such as Traube, Hirtz, Coblentz, Duclos, Sancerotte, Jurgensen, etc.

To combat the effects of pneumonia, or to prevent them, we must direct our attention to the heart, and this should constitute a principle of therapeutics, to which I have given the name of *compensatory therapeutics*. I will explain myself.

You are in the presence of a serious case of icterus. The symptoms become more and more alarming, the adynamia is profound, and hæmorrhages threaten the life of the patient, when suddenly there appears a marked urinary crisis, and a fatal issue is warded off. What is the lesson taught us by a clinical case of this nature? It shows us that such a result has not depended upon the liver, that is, upon the affected organ, but upon the compensatory organ, upon the kidneys that serve to eliminate the morbific elements, the toxines which the hepatic cells, profoundly altered, have not been able to destroy or neutralize. You know very well that in order to have a healthy functional activity of the organism, when a portion of it fails in its action, another must take its part. One of the functions of the liver is to destroy the numerous toxic bodies that go through its structure, while it is the duty, so to speak, of the kidneys to eliminate poisonous materials. Therefore, in diseases of the liver our medication must be directed to the renal organs; in cases of pneumonia the heart is the focus around which we must concentrate all our attentions. In one word, and as one of my oldest resident physicians, Weber, has fitly remarked: "When an organ is affected we must look after the healthy and compensatory organs." You must, therefore, exercise in therapeutics a sort of turning movement; and you know that often a turning movement will lead you to the accomplishment of a brilliant victory.

The indications for the use of digitalis present themselves almost in all cases of fibrinous pneumonias, not only to combat the febrile element, not to act directly upon the pneumonic process (which is impossible), but to give the heart a kind of reserve power for the expected struggle, and moreover, to enhance diuresis, thus bringing about a depuration of the organism. It is to insure this depuration that we must exercise an influence upon the kidneys and upon the digestive tract to modify fermentation by means of intestinal antisepsis.

Finally, clinical studies show that the nervous system must be sustained and strengthened. The administration of digitalis must be resorted to in all these cases of grippal pneumonia in which the vagi nerves and the medulla are more or less affected, and in order also to avoid auto-intoxication through the inactivity of the eliminative organs. Digitalis must be prescribed at the beginning of the disease, on the first or second day at latest, for the reasons I have sufficiently impressed upon you.

In what form and doses shall you prescribe digitalis? It is not well that we should point out the indications for the use a remedy only, it is also of importance to know how to use this, for a good instrument in the hands of the inexperienced becomes a bad one.

I must remind you, firstly, that I have for some time back abandoned the infusion of digitalis. I do not in any way agree with the opinion of Bernheim, of Nancy, who, in speaking of the treatment of pneumonia, says: "I have never seen digitaline act in those cases in which the simple infusion of digitalis has failed, while I havs seen this do good in those instances in which digitaline produced no effect." For the last four years I have employed the crystalline form of digitalis in a solution of the strength of 1 to 1,000. This preparation is well borne by patients, it has an invariable and certain action, and its dosage is easily managed. I prescribe at once, some time in the day, 30, 40 or 50 drops of the solution mentioned, the last amount representing one milligramme of the crystallized digitaline, or about four milligrammes of the amorphous principle. This dose will appear perhaps somewhat exaggerated, but nevertheless, it has never produced untoward effect, my especial method of administering it having been communicated to the Société de Thérapeutique. I always prescribe it with care, from the beginning, by itself, or in conjunction with an exclusive milk diet, this milk diet opening "a way for the action of digitalis." Objection is often raised to the cumulative effects of the drug, to its slow action and elimination, and hence other cardiac remedies have been advocated as substitutes, but I, myself, have never been able to find an equivalent to this marvelous remedy, without which the therapeutics of the heart would be impossible.

It is time to act against exaggerated views, and to proclaim in strong terms that the cumulative effects, the slow action and tardy elimination of the drug are, so to speak, superadded qualities. I will say now and again that digitalis is a corrective of and provokes diuresis, thus becoming a safeguard, a shield to the organism. It must be given in large quantities, because it is just then that it cumulates and acts slowly. When you desire to put a patient to sleep, you inject into him at once a centigramme of morphia, and not in repeated doses. When you want to reduce a high febrile state, you must pre-

scribe from 1 to 1.5 grammes of quinine at once, and not the same quantities in repeated doses during the day. As is the case with quinine, digitalis and all other slow-acting medicaments are not generally given in fractional doses, since such medicaments are divided in the organism itself, owing to the slowness of their action and their tardy elimination. The method of employment of remedies which are rapidly eliminated, such as the bromides and the iodides, is just contrary to the one we have been just considering. You divide the doses, inasmuch as the system becomes often, and for a considerable time, under a marked influence of the drug. In regard to this point I will cite the case of an epileptic suffering from nocturnal attacks, who received, without any effect whatever, eight grammes of bromide of potassium in two doses in the course of the day, but who was completely relieved by two doses of 2.5 grammes each, one given late in the afternoon, and the other at night before the expected attacks.

Digitalis, therefore, must be prescribed in large doses in order to obtain rapid and good effects. My venerable teacher, Potain, has for a long time observed this method of employment, and I administer, like him, in cardiac affections, one milligramme of crystallized digitaline at once. However, this, especially in pneumonia, is a maximum dose, and I would not advise you to go beyond it. I, for my part, will not follow the example of a physician of Bucarest, of Petrescu, who fearlessly uses from six to eight grammes of the infusion of digitalis. The innocuity of such colossal doses can not be explained, unless we admit a poor quality of the plant employed.

For the next two days, and during which I also administer from 40 to 50 drops of the solution referred to, I do not employ any other remedy, nor even the subcutaneous injections of caffeine, because I am always afraid to give another drug whose effects may lessen or antagonize those of digitalis. Therefore, if the adynamia is profound, if the nervous asthenia marked, I do not hesitate to practice hypodermatic injections of ether or camphor, as these are undoubtedly efficacious against a threatening cardiac collapse. I am in the habit of using the following formula:

℞ Sterililized olive oil..... 100 grammes.
Camphor..... 10 "

M. Sig. Inject the contents of a common Pravaz-syringe two to four times a day. These injections are not painful, especially if the liquid be injected as deeply as possible under the skin.

Under the influence of digitaline the ventricular systole is strengthened, the pulse becomes very strong, dyspnœa is lessened, the œdematous congestion of the lungs is averted, the bodily temperature lowered; diuresis is rapidly established, and during a period of four or five days there is taking place an elimination of the toxic substances produced by the infectious disease. Under the power of the drug the arterial pressure is increased, an important consideration in a malady, which, like the grippe, well characterized, and, as I have shown in my researches, tends to produce vascular depression. If in the course of the malady, the indication makes its appearance again, even after the ingestion of the drug, I do not hesitate to re-administer this after the seventh or eighth day, but then in smaller quantities, about 20 or 30 drops, and without considering the presence of albuminuria a contra-indication as is generally wrongly held. In certain similar cases, digitalis diminishes considerably the amount of albumen, and in the infectious diseases, by provoking diuresis, it tends to remove the toxines, whose retention in the organism would be a serious cause of auto-intoxication.

In conformity with the views held at present, an important element must be taken into consideration in all the infectious diseases. I have already spoken to you of hepatic insufficiency. The liver is, in fact, more or less altered; the hepatic cells do not fully exercise their function in arresting or neutralizing poisonous materials, and these, therefore, find their entrance into the circulation. Yet, an auto-intoxication of the organism may be prevented by the kidneys as compensatory organs of the liver, eliminating a great part of the toxines which this latter organ has been unable to destroy. This explains why at this compensatory period the urine becomes highly poisonous, and why this urinary crisis is, as Buchard has remarked, "one of the safeguards of the organism." But the superactivity of the renal structure has its limits as well as its dangers; the constant passage of these toxic and irritant substances produces at last inflammation of the kidney, and the urine is then charged with albumen. Thus the insufficiency of the renal organs is dependent in these cases upon that of the liver, and we have now an albuminuria caused by a glomerulo-nephritis of infectious origin. You can understand then, that here again the object of the therapeutist would be to bring about a urinary depuration by provoking diuresis, and that the indication calls once more for the use of digitalis.

This hepatic insufficiency which plays an important part, often unrecognized in general and febrile diseases, must be combated by two kinds of medication: The one should be directed to enhance the activity of the liver and the kidneys; the other to remove all sources of auto-poisoning, especially that of the intestinal tract. The first indication is met with by the administration of *milk*, since this article of food is diuretic, and through such action the toxicity of the urine is diminished; besides, milk contains sugar capable of being transformed into glycogen, and is likewise poor in salts of potash, so often injurious to the economy. It is for this reason also that all food containing salts of potash, such as meat, and especially broths, should be suppressed. *Intestinal antisepsis* should then be resorted to, and here comes into play the administration of salicylate of bismuth, naphthol, salol, betol or benzo-napthol. I prefer the latter medicament in doses of 5 to 6 *cachets* of 0.05 gramme each, and I prefer it on account of its non-poisonous properties, its lack of taste, and of its slight diuretic effects.

Intestinal antisepsis must be rigorously practiced in all infectious disorders, and especially in influenza, this pestilential malady *par excellence*, as termed by ancient authors. You must not, however, neglect the practice of *buccal antisepsis*, not only in the case of pneumonia, but even in the apparently least serious manifestations of the disease. Bacteriology has taught us that influenza is the resort of a great number of micro-organisms; and it has also been shown that the malady increases the virulence of such microbes. Finally, we have learnt that secondary infections are quite frequent. Now, we can do little against the primary infection; but we are to a certain extent the masters of secondary infections. In an individual suffering from gastric embarrassment, you will observe, after a few days, the development of a pneumonia which you have not foreseen and which you have no reason to fear. In such a pneumonia the pulmonary affection follows its natural course, when suddenly all the symptoms are intensified, the expectoration becomes sanious and abundant, and you are finally met with all the signs of a pneumonia which has arrived at the stage of gray hepatization. What has occurred in such a case? A secondary infection has been superadded to the primary one. In this patient suffering from gastric disturbance, the pneumococci, normally found in the buccal cavity, have acquired a great virulence; a secondary infection has alighted, as it were, upon the primary disorder, and the microbes of suppuration have rapidly completed their work. During an epidemic, in the course and at the onset of a grippal pneumonia, buccal antisepsis must not be lost sight of, and I have but to repeat here what I have so often told you. To all your pneumonic patients, held under the grasp of influenza, a malady which markedly diminishes

the vital resistance of the organism to the action of pathogenic germs, and which so prodigiously exalts the properties of these, you must order every day, and as often as possible, mouth washes and local applications to the deeper parts of the cavity with solutions of corrosive sublimate. Remember, that the *rôle* of the therapeutist does not only consist in curing (and, alas! he does not always cure), but in foreseeing and preventing all complications that may appear threatening secondary infection.

I must yet speak of another medicament, *quinine*, whose employment is generally indicated in all grippal pneumonias, but I do not believe in the preventive properties attributed to the drug by certain authors. I am in the habit of prescribing the hydrobromate of quinine, which I consider superior to the sulphate, especially on account of its sedative effects, in dose of from 1 to 1.5 grammes in the morning, in three doses at intervals of half an hour, and this during the period of three or four days at the most. I have often said that this remedy, like digitalis, must be prescribed in large quantities. I have employed thrice daily *cold baths* as recommended by several authors, but I have not obtained good results. When patients have become agitated, it has not been my rule to follow this measure, energetic it is true, but certainly dangerous in a disease in which the heart is constantly being threatened.

Finally, in those cases in which the injections of camphor, ether and caffein appear to be insufficient to combat the adynamia and the nervous asthenia, I have recourse to the use of the *sulphate of strychnia* in doses of 3 to 4 milligrammes a day, either by the stomach, or according to the following formula:

℞ Distilled water..... 10 grammes.
Sulphate of strychnine... 0.01 gramme.
M. Sig. Inject 2 to 4 half-syringefuls in a day.

It becomes evident that you must order this medicament in conjunction with other tonics, such as *Todd's potion*, although this is often abused. I, myself, prefer the *kola* preparations, whose tonic and stimulant properties have been pointed out since 1884, in the thesis of Monnet. The formula which I recommend is as follows:

℞ Tincture of kola.....
Tincture of coca..... aa 60 grammes.
M. Sig. A dessertspoonful, 2 of 4 times a day, in a cup of warm and sweetened milk, or in a little curacoa mixed with a little water. This is an agreeable preparation.

These, however, are accessory measures. Digitalis, quinine, the injections of camphor, ether or caffeine, intestinal and buccal antisepsis, form the basis of the treatment of all grippal pneumonias.

I have not gone beyond the enumeration of all these therapeutic means, and know full well that I am far from having grasped the whole of such a vast subject, and that I have not spoken of the treatment of the complications. But I have endeavored to demonstrate to you that from a clinical, as well as from a therapeutic point of view, we only see in grippal pneumonias a diseased lung; that there is no such thing as an anti-pneumonic medication; and that we are satisfied with the application of compensatory therapeutics to which I have already referred, that is, by calling upon the healthy and compensatory organs that these may lend a helping hand to the diseased one. I have, in one word, endeavored to impress upon you the truth of this proposition:

In almost all pneumonias, especially in grippal pneumonias, the disease is in the lung, but the danger lies in the heart and nervous system.—Translated from *La Bulletin Medical*, February 14, 1892.

Strychnine Nitrate in Dipsomania.—Dr. Portugalow, of Samara, reports that he actually cured 455 cases of dipsomania with hypodermic injections of strychnine nitrate. He gives expression to his unbounded confidence in this remedy by saying that he knows "of reliable and specific remedies for two affections only; strychnine for the various forms of alcoholism, and quinine for malarial fever."

He prescribes:

℞ Strychnine nitrate.....gr. j.
Distilled water.....f ℥ss.

For subcutaneous injections: daily, 1—2 injections, using for each, at first, 8 minims: later, 4 minims.

Usually 10—16 injections suffice for a complete cure. Some sodium bromide may be administered at the same time.

Dr. W. N. Jergolski also has published his experience with the strychnine treatment of dipsomania. His cases—ten in number—include men of most widely different vocations—ministers, merchants, gardeners, farmers, etc.

The results of the treatment were truly surprising. Topers who had been addicted to drink for many years—some even for decades—became endowed, as a result of the strychnine treatment with an invincible repugnance for alcohol, and could no longer bear spirituous liquors. One of the author's patients, prior to the treatment, scarcely passed a single day without drinking ½—1 liter and more of brandy. On the day following the first injection of 0.0015 gramme ($\frac{1}{40}$ grain) strychnine nitrate, he was astounded to find that he had no desire for alcohol, and experienced neither mental uneasiness nor any feeling of pressure in the epigastrium. The injections were continued and the patient was cured.

Another case, of 15 years' standing, complicated with chronic intestinal catarrh and incontinence of urine, was cured by 10 daily injections of 0.003 gramme ($\frac{1}{20}$ grain) strychnine nitrate, combined with the internal use of strychnine in pills. Not only was the dipsomania permanently cured, but the intestinal catarrh gradually disappeared, and the bladder again performed its functions normally.

All of Jergolski's cases were completely and permanently cured, save two, in which the patients, after having acquired a thorough distaste for alcohol, became addicted to it again through subsequent medication, in other diseases, by means of alcoholic menstrua.

The author, therefore, ascribes a wonderful action to strychnine, and he regards it as a specific for dipsomania. —*Merck's Bulletin.*

The Treatment of Dysentery.—At a meeting of the Medical Society of London, held October 19, 1891, Professor Bahadurji, of Bombay, read a paper on the treatment of dysentery, which he said was not a contagious or infectious disease, nor in any sense specific. He claimed to have reduced the mortality to almost nothing. Instead of endeavoring to keep up the strength of his patients by meat juices and extracts, which he said acted only as irritants, he gave arrow-root milk. In the way of medication he gave bismuth, Dover's powder and soda, with the object of neutralizing the acidity of the blood, of calming the abnormal action of the glands of the large intestines, and of rendering the canal sweet and free from decomposition. He pointed out that the action of the ipecac and the alkali was to render the thick, sticky mucus more liquid, and thus enable it to be got rid of.—*Med. Press.*

Dr. E. E. Barnum, in the *Buffalo Medical and Surgical Journal*, gives an account of the method by means of which he got out of a serious case of transverse presentation. An arm was external to the elbow, the waters drained away and the uterus firmly contracted on the fœtus, and so much so as to make version impossible. So he tried gravity. Bringing the woman on her knees to the edge of the bed, and lowering her head until it touched the floor, a few minutes sufficed for the retreat of the child, and, by spontaneous version, the head presented and the labor terminated in fifteen minutes.

Creosote for Tuberculosis.—Sommerbrodt (Berliner klin, Woch., October 19, 1891,) re-affirms his faith in creosote, both for incipient and for advanced cases of tuberculosis, pulmonary as well as laryngeal. Complete and permanent recovery is by no means uncommon, even in persons in whom a tuberculous predisposition existed. Large doses (m xv—dr. j per diem) are most beneficial. Indeed, the more the patient can tolerate the greater the benefit derived. Sommerbrodt administers creosote in the form of capsules, each containing about m ii of creosote with a little cod-liver oil or olive oil. There are very few persons with whom the drug disagrees, and in no case has he seen any harm done by its administration.—*British Med. Journal.*

As a lady entered a crowded street car the other night, an old man holding a little boy on his lap arose and offered her his seat.

"Oh, no, keep your seat, thank you," replied the lady, "and hold your boy."

"Oh, that's different," replied the old man, who was slightly deaf. "I had to stand up five days once myself with a boil. I'm sorry for you." And he resumed his seat amid the roar of laughter which followed.

Remedy for Sterility (G. J. Withowski).—Dr. Gritian, of Lyons, knowing the intimate connection existing between the uterus and the larynx, always told us in his lectures: "If ever you meet a woman complaining of infecundity, tell her to sing at the top of her voice during the copulative act, or the *actus conjug.;* it is the best method of promoting conception." I gave this advice on two occasions to friends, and it proved a success, although one of them had a pair of twins. She told me, after, that experience *she kept her mouth shut.*

Obesity.—Dr. Robert Boocock, of Flatbush, L. I., says, in the *Homœopathic Recorder*, of "Phytolacca Berries:"

"I have used this as an anti-fat remedy for several years and know that it is good, having proved it upon myself. My grandfather was a great ale and beer drinker, and, of course, had a very large corporation—a big belly. He used to tell me that grandfather would never be dead as long as I was alive—meaning that I would grow like him. This used to scare me as a child; but judge of my annoyance as I grew to manhood and found the prediction true. And in late years I was very much troubled about it. In studying phytolacca I saw the statement about buds and began trying it, and always with much benefit. My own corporation is entirely gone. I can stand up straight and look down my body and see everything. I used one drop of tincture made from berries picked from a tree in my garden—equal berries to their weight in alcohol. The berry-juice with only enough alcohol to prevent their fermentation is the best; thus one-drop doses night and morning are enough. When I was taking these drops I felt as light and springing as a bouncing ball, and could run and jump with any boy. I am now fifty-eight years old, take my Saturday half-holidays in the cricket-field playing that game.

"I have used it on others, and all with benefit. Some very fat women have been made comfortable. I have used it, medicating No. 35 pellets with this tincture, which dyes them pink, and all have spoken highly of the pink pill. By actual measurement their fat (adipose) has been reduced by inches. It was easier to keep track by measure than by weight. In a few cases they have said they gained in weight, while they grew less in bulk, but all confessed to the elasticity they felt.

"In stiffness of the shoulders, difficulty in getting coats on and off, and difficulty in getting the hands up to the head it has accomplished splendid cures.

"I have now one case on hand of chronic paralytic rheumatism of the thighs I am trying it upon. It has done great good already, and I have a hope it will cure with the hot iron rubbed over the stiff cords daily."

Phenocoll Hydrochloride.—It is claimed that this new antipyretic, which is closely related to phenacetin, is preferable to either that or acetanilid and antipyrin; to the former on account of its more ready solubility in water, and to antipyrin on account of its perfect safety in administration from never affecting the head unpleasantly. The remedy is rapidly absorbed, promptly excreted and has no unpleasant taste. Phenocoll has been found very effective in lowering the temperature, especially in hectic fever, and has been used with success in malarial and yellow fevers.

Uterine Hemorrhage.—The Berlin clinics report the extensive use of hydrastine in uterine hemorrhage, given in three-eighth grain doses in capsules four times a day. The remedy seems to act upon the small vessels of the mucosa, and will not therefore be indicated in post-partum hemorrhage or the hemorrhage of abortion, for which ergot, acting as it does upon the smooth muscular fibers, is more directly specific.

Rhamnus Humboldtiana.—Dr. S. E. Sosa reports (*El Estudio*, 1890, p. 35) that el capulincillo (rhamnus humboldtiana), a common plant, when eaten by children, causes after a few days paralysis, which, however, is not permanent. Experiments with the drug on animals gave negative results.

Prophylactic Against Tetanus.—Tizzoni and Cattani (*Deutsche Med. Woch.*, 27, 1890), recommend disinfection of the wound with silver nitrate. According to their experiments a one per cent. solution kills the spores of the tetanus bacillus within one minute, and one-tenth per cent. solution within five minutes.

Cocaine and Antipyrine Combined as a Local Anesthetic.—Dr. E. Stuver (*Hygeia*, No. 3, 1891), praises a solution of five parts of cocaine and fifteen parts of antipyrine in one hundred parts of water as a very efficacious local anesthetic for minor surgical operations. The action of this mixture he states to be more intense and longer lasting than that of cocaine alone. It has also been successfully employed in cases of obstinate vomiting.

The Production of Sterility.—Stratz (*Zeitsch. F. Geburtshulfe U. Gyn.*) reports a peculiar practice among the Japanese women to cause sterility. The method ("Ankat Prut") is as follows: The second day after the labor the uterus is pressed low in the pelvis behind the symphysis; while in this position the uterus is seized by the fingers of both hands laterally and fixed, while the thumbs force the fundus backwards below the sacral promontory. The procedure is very painful. Some inflammation usually follows this forced retroflexion of the uterus, which remains permanent, and the woman is sterile in most cases. Sometimes incarceration of the uterus and death follow this operation.

Curative Effect of Operations *Per Se.*—A paper on this subject by Dr. J. W. White (*Annals of Surgery*, September, 1891,) concludes as follows: 1. There are large numbers of cases of different grades of severity and varying character which *seem* to be benefited by operation alone some of them by almost any operation.

2. These cases include chiefly epilepsy, certain abdom-

inal tumors and peritoneal effusions and tubercle, though the improvement in the latter is, perhaps, to be explained on general principles.

3. Of the possible factors which, by reason of their constancy, must be considered, anesthesia seems least likely to have been effective. The other three, viz., psychical influence, relief of tension, reflex action, may enter in varying degrees into the therapeutics of these cases, and, taken together, serve to render the occurrence of occasional cures less mysterious.

4. The theory of accident or coincidence scarcely explains the facts satisfactorily.

What is the Best Nutritive Enema?—Ewald, as a result of experiments, found that eggs, even though not peptonized, were to a considerable extent absorbed by the rectal mucous membrane. According to the *Mercredi Médical* for April 1st, Huber, of Zurich has recently repeated Ewald's experiments in Prof. Eichhorst's clinic, and announces that the absorption of raw eggs is greatly aided by the addition of common salt. The salt is well borne, and causes, as a rule, no irritation of the bowel. He considers that eggs beaten up with salt, in the proportion of fifteen grains to each egg, are the best for nutritive enema. His method of procedure is as follows: Two or three eggs are taken, and thirty to forty-five grains of salt are added. They are slowly injected by means of a soft rubber tube, carried as high up the bowel as possible. Three such enemata are given daily. An hour before each enema the rectum is cleared out by means of a large injection of warm water.

Burns and Scalds.—In place of Carron oil, I find an antiseptic and soothing liniment in equal parts of a saturated solution of borax and either linseed or olive-oil. When all sloughs have separated, and the fearful pain from exposed nerve-filaments sets in, I find carbolized zinc ointment the best application, with the use of cocaine (four per cent.) or pure carbolic acid to the most painful parts. —*Times and Register.*

Beechwood-Tar Creosote in Diabetes.—Two cases of diabetes have been treated with excellent results by Valentini, as reported in the *Lancet*, by means of beechwood creosote administered internally. In one case, four drops in twenty-four hours were given at first, and gradually increased to ten drops. Under this treatment the sugar disappeared, and did not return when the patient ate starchy food. The other patient received six drops (in twenty-four hours) and did equally well.

Chloroform in Diagnosis.—Dr. T. P. Wilson says: The use of an anesthetic in the diagnosis of the children's troubles is, I think, not appreciated by the profession at all; every man going about in his profession, either in his office or elsewhere, should always have chloroform to examine children that would otherwise resent the intrusion when the eye or ear is examined. If you want to examine the throat don't say you can't do it because the child kicks and screams; anesthetize him, open his mouth and make your differential diagnosis. Don't be afraid of chloroform; it is a natural food for children.

Adulteration of Alcoholic Liquors.—Dr. L. Lewis, of Philadelphia, has recently broached the subject of the adulteration of whiskey and other liquors, and says that many times men are accused of being intoxicated when the actual amount of alcohol taken would not affect them in the least—provided pure alcohol had been taken. He says: "Not drunk, but poisoned, is the proper diagnosis of the condition of the majority of men who may be seen straggling on our streets at all hours of the night, and very often in the day-time on Sunday. * * * The liquor he has swallowed is, in most cases, a concoction of poisonous drugs; the brandy, whiskey, or beer is adulterated with cheap chemicals, which are mixed with alcohol to make them look like the particular kind of drink asked for, and the alcohol is harmless in the face of the deleterious compounds with which it is mixed."

Temperature in Diseases.—Normal temperature is 98.4 deg.; feverishness varies from 99 deg. to 100 deg.; slight fever varies from 100 deg. to 102 deg.; moderate fever varies from 102 deg. to 103 deg.; high fever varies from 103 deg. to 105 deg. (imminent danger); intense fever varies from 105 deg. to 107 deg. (fatal issue).

The normal temperature of the body in adults is highest on awakening in the morning, and lowest at midnight. It is from 1 deg. to 2 deg. higher in children than in adults, and also lower in the evening than in the morning.

One degree rise in temperature corresponds with an increase of ten beats of the pulse.

A patient who was well yesterday, but has a temperature to-day of 104 deg. indicates ague or ephemeral fever If 106 deg., it is some form of malarial fever, but not typhoid.

If, on the first day, temperature rises to 105 deg. or 106 deg., the fever is neither typhus nor typhoid.

In pneumonia, if 101.7 deg., there is no exudation present; but if from 104 deg. 106 deg., there is exudation and the attack is severe. Should there be consolidation at the *apex* of either or both lungs, *delirium* will surely be present.

In measles, if the temperature is high when *the eruption has faded*, there are complications.

In typhoid fever, when on any evening the temperature does not exceed 103.5 deg., the case is mild. In the third week, if 104 deg. morning and 105 deg. evening, there is danger.

In acute rheumatism, 104 deg. forebodes danger or some complication, as pericardial inflammation.

In jaundice of a mild form, if the temperature rises, it indicates a pernicious change.

In puerperal females, increase of temperature shows pelvic inflammation.

In tuberculosis, an increased temperature shows advance in the disease, or that complications are arising.

A fever temperature of 104 deg. to 105 deg. in any disease indicates that the advance of the disease is not checked, and that complications may still recover.

In relapsing fever, the temperature rises quickly in the first stage; 104 deg. 105 deg. on the second day, then fluctuates till the day before defervescence, when it attains the highest point—107-108 deg. from which point it sinks rapidly to 98 deg. as the other symptoms subside. On the fourteenth day relapse occurs and the temperature rises to 104 deg. or 105 deg. or more, to descend as rapidly as before, when convalescence begins.

In continued fevers, the temperature is generally less high in the morning than in evening.

In typhus fever the temperature falls towards night.

Stability of temperature from morning to evening is a good sign.

If high temperature remains fixed, or rises from evening to morning, the patient is getting worse; but when it falls from evening to morning, it is a sign of improvement.

Convalescence is established when the normal temperature, 98.4 deg. is maintained throughout the day and night.

Cancer lowers the temperature, as also diabetes mellitus and injury of the spinal cord; but cancer of the stomach is attended with fever in the latter stages, and also in hepatic cancer, when the peritoneum is involved.

Never give quinia with a dry, hot skin, nor opium with a contracted pupil.—C. COLEMAN BENSON, M. D., in *The Nurse.*

Palpitation of the Heart.—Dr. Nabo says, in *Journal de la Santé*, that an excessive palpitation of the heart can always be arrested by bending double with the head down, and the arms pendant, so as to produce a temporary congestion of the upper part of the body. In almost all cases of nervous and anemic palpitation, the heart immediately resumes its natural functions. If the respiratory movements be suspended during this action, the effect will be only the more rapid.

To Remove Foreign Bodies from the Throat.—Dr. Beveridge, of the British navy, says that for the removal of foreign bodies in the throat, such as pieces of meat, etc., a simple mode of relief is to blow forcibly into the ear. This excites powerful reflex action, during which the foreign body is expelled from the trachea. The plan is not a new one, but it is easy of execution and should be remembered.

Rat-Tail Sutures.—It has remained for the ophthalmologist to discover a *raison d'être* for the rat. The chief end of the rat is to grow a tail. Within that tail, so says Dr. E. Oliver Belt, of Washington, D. C. (*Med. News*, Dec. 5, 1891), lies the *ne plus ultra* of animal sutures, where a fine fiber is wanted. He catches the rat and skins the tail, which he then soaks in water for several days, when the tail tendon readily splits into about a hundred fibers, each about eight inches long. These are kept in alcohol, and about once a month soaked for two or three days in a 1 to 5,000 solution of corrosive sublimate. The fiber is much finer than that prepared from the opossum's tail, as advocated and used by Dr. Chisholm, of Baltimore, Md.

Vaccinated Against Snakes.—Dr. Jacolot, in *Archives of Naval Medicine*, states that at Tuxpam, on the Gulf of Mexico, there are men called "Curados de Culebra" (safe from vipers), who may be bitten by venomous snakes without effect, as they have been previously inoculated with the poison of these animals. Jacolot relates in detail how these vaccinations are practiced. The patient takes first the bulb of a native plant called "mano del sapo" (toad's hand), a dorstenia. Then the inoculation is made with the venom-tooth of one of the most poisonous snakes. Dr. Jacolot was at Tuxpam in 1867, and found this preventive inoculation an old practice among the natives of that region.

Care of the Eyes During Early Life.—Dr. L. Webster Fox (*Med. and Surg. Reporter*) formulates ten rules on the preservation of the vision:

1. Do not allow light to fall upon the face of a sleeping infant.
2. Do not allow babies to gaze at a bright light.
3. Do not send children to school before the age of ten.
4. Do not allow children to keep their eyes too long on a near object.
5. Do not allow them to study much by artificial light.
6. Do not allow them to use books with small type.
7. Do not allow them to read in a railway carriage.
8. Do not allow boys to smoke tobacco, especially cigarettes.
9. Do not necessarily ascribe headaches to indigestion; the eyes may be the exciting cause.
10. Do not allow the itinerant spectacle vendor to prescribe glasses.

Buccal Defecation.—One of the strangest cases in medical literature is that reported by M. Desnos to the Société Méd. des Hôpitaux. It appears that a young man of nineteen, having hysteroid symptoms, stated that for two years he no longer defecated normally, but by the mouth, an operation taking place daily at six P. M. A watch was accordingly set over him, and at six o'clock, one hour after eating, the fecal discharge took place from his mouth. The quantity which was evacuated filled a cuspidore, and even more. The matter was moulded and of firm consistency. The color was a dark brown; the odor that of normal feces. As to the truth of the patient's statement that the condition had existed for two years, no verification could be made. Transitory buccal defecation has been observed in one case by Legendre, and in another by Jaccoud, the patients being hysterical. A Russian author has reported a transitory case which he observed in a high official, in whom no hysterical symptoms existed. The condition is a rare one, and its pathology has never been satisfactorily elucidated.

Depilatory Powders.—Dr. Clasen says (*Monatshft. F. Prakt. Dermat.*, 1889, IX., 541), that among the best depilatory powders are sulphohydrate of sodium and sulphide of barium. As to the sulphohydrate of sodium, he says that, used as a paste, one part to eight of water, and allowed to remain on for a very short time, it acts well. But it deteriorates very rapidly and is dangerous to give to a patient, as it is quite capable of producing scars. The sulphide of barium is a safer powder for the purpose. It may be used by mixing fifty parts of it with twenty-five parts each of starch and oxide of zinc. This is mixed with water so as to form a soft paste and spread upon the face. After ten minutes it is scraped off and leaves a smooth skin.

Evils of Catgut.—Some interesting experiments have been made by Klemm (*Bull. Gén. de Therapeut.*) in which was demonstrated from an aseptic standpoint, the superiority of silk over catgut for suturing wounds. When catgut is employed in surgery, suppuration occurs in spite of all precaution. This led Klemm to suppose that the catgut, itself sterile, afforded a favorable culture medium for the development of such germs as get into a wound during an operation. To ascertain the correctness of his views, he made a number of comparative experiments on cats and rabbits with silk and catgut, with results as above indicated. The gut, after being used, and then placed upon a gelatin culture medium, developed as many as 2,500 colonies, while silk, similarly treated, showed only about seventy-five. He, therefore, concludes that catgut, notwithstanding the thorough method of its sterilization, as employed by such men as Reverdin and Brunner, is unfit for employment in surgery.

A Non-Blistering Mustard Plaster.—In the *Medical World* for June, 1890, it is stated that mustard mixed with the white of an egg will form a plaster which will not blister, but which will, at the same time, have the power to produce counter-irritation.

Unusual Recovery from Aconite Poisoning.—The recovery of a patient who was suffering from having ingested nearly an ounce of the officinal tincture of aconite has lately been reported by Dr. G. H. Tuttle (*Boston Med. and Surg. Jour.*). During the hour which intervened between the taking of the poison and the arrival of the physicians, the patient, who was a heavy drinker, and was at the time on the verge of delirium tremens, vomited freely. Upon the arrival of medical help, brandy and digitalis were freely used hypodermically. The pulse was next to imperceptible at the wrist. The patient was considered hopeless. Of the three physicians in attendance, the one reporting the case consented to remain and do what he could for the sufferer. The brandy and digitalis were continued, and with the addition of nux vomica and molasses, were also given by the rectum. Mustard water was administered by the mouth, and ether and ammonia by the nose. The limbs, which had lost their natural heat, were kept warm by jugs of hot water and blankets. By these means the man was restored

to consciousness, after which brandy and carbonate of ammonium were given, followed by mucilage of acacia with bismuth and soda, and ice and brandy. Seven hours after the poisoning, the patient fell into a deep sleep, from which he awoke the next morning oblivious to almost every thing which had occurred the day previous. The hypodermic injections produced no ill effects except at one point, where considerable inflammation resulted. The patient was up in three days.

The Function of the Bag of Waters in Labor.—G. A. Collamore, M. D., Toledo *Med. and Surg. Reporter*, arrives at the following conclusions:

1. The proper function of the amniotic fluid is the security of the child during its intra-uterine existence.
2. The presence of the bag of waters during the first stage of labor is due to the forcing of the membranes through the dilating os by uterine pressure.
3. The dilatation of the os occurs under the influence of the nerves of the sympathetic system, which governs its tonicity, and it is a vital or physiological and not a mechanical act.
4. Finally, as a necessary inference from the above, it follows that the bag of waters has no function in labor.

The Pulse-Rate at Different Ages.—Langlois has investigated this subject thoroughly, and gives the following results for the normal pulse: Between the ages of fourteen and forty-five the normal rate is very nearly 70 beats per minute. Below the age of fourteen the normal rate may be found by the formula P—140—5A, the pulse-rate being represented by P and the age by A. After the age of forty-five it is found by the formula P—$\frac{1}{4}$ (95+A).

Infected Flasks.—In the course of his experiments with peroxide of hydrogen, Richardson (*Asclepiad*) noticed that sometimes the flask would continue to evolve oxygen from the peroxide solution, even after distilled water had been boiled in it. One flask retained this property for years. He explains this by supposing the glass to possess a certain degree of porosity; and in these pores the disturbing body is left in minute subdivision. The flasks had contained black oxide of platinum. But simple as such an explanation may be, it carries with it a lesson. It shows that minute disturbing causes may be obscurely laid by, and, under favoring conditions, show an activity as strange as those mysterious phenomena called vital and hereditary.

Hereditary Influence.—It is stated that the probable duration of a man's life may be known if the ages at death of his parents and grandparents are known, and that if these are added together and then divided by six, the quotient will be his approximate term of life. If the quotient exceeds sixty, one year may be added for every five; if it falls below sixty, one year should be substracted for every five. The presumption in this proposition is that with good fortune a man may equal, but he may not hope to much excel, the average of his parents' and grandparents' lives.

Early Paternity.—Dr. Barton Cooke Hirst states, in the *University Medical Magazine*, that he delivered a girl of fourteen, who had been impregnated by a boy, a close relation, ten months younger. As it was the most remarkable case of precocious paternity of which he had any knowledge, it was investigated very carefully. The lad, whose mother brought him to his office, had stimulated his sexual development by long-continued masturbation; he was well-grown and puberty was well established. There had been frequent intercourse between the boy and girl for some four months before impregnation and for several months afterwards. From the extreme youth of the mother he expected some difficulty in the labor, and from the relationship of the parents some abnormality in the product of conception. The delivery, however, was easy and uncomplicated, and the infant weighed seven and one-half pounds, was healthy and well-developed, and had perfectly normal head-mensurements. The mother's milk supply, too—which he had expected to be insufficient—was ample.

Belladonna in Biliary Colic.—Dr. G. Sticker, of Cologne, finds belladonna a very useful remedy for the colic caused by the passage of gall-stone. Its direct anodyne effect is much less than that of opium, but it seems to possess the power of rendering the subsequent attacks less frequent and less severe. The author explains its action by a paralyzing effect upon the circular muscular fibers of the ductus choledochus. The drug is especially indicated in those cases in which the stone has become arrested in the duct and the attacks of colic are frequent and moderately severe; but when the pain is excessive and symptoms of collapse are threatening, recourse must be had rather to opium. He gives a solution of the aqueous extract, gr. ij.–iij. in one ounce of water, of which the dose is twenty drops every thirty to sixty minutes.—*Münchner Medicinische Wochenschrift.*

Treatment of Ingrowing Toe-nail.—Dr. Puerckhauer recommends a novel and simple, and, at the same time, competent treatment for ingrown toe-nail: A forty per cent. solution of potassium is applied warm to the portion of the nail to be removed. After a few seconds the uppermost layer of the nail will be so soft that it can be scraped off with a piece of sharp edged glass; the next layer is then moistened with the same solution and scraped off; this must be repeated until the remaining portion is as a thin piece of paper, when it is seized with a pincette and lifted from the underlying soft parts and severed from the other half. The operation does not require more than half an hour's time, is painless and bloodless, while the patient is delivered from his suffering without being disabled even for an hour.

A New Dressing: Antiseptic and Non-irritative.—The latest addition to the list of dressings (*Notes on New Remedies*) is gauze impregnated with zinc sulphite in the following manner: The material is boiled in water to wash and sterilize it; then a boiling solution of zinc sulphate and sodium sulphite fifty-six parts to forty-five parts respectfully is poured over it, the whole thoroughly mixed and allowed to stand twelve hours. The zinc sulphite (which is very slightly soluble in water) is deposited in the fibers of the gauze in microscopic crystals. Finally the fabric is twice passed between submerged rollers (to remove sodium sulphate), dyed and dried. The finished dressing is soft and even unctuous to the touch. Its condition, as to antiseptic virtue, may be tested by immersing a piece in water acidulated with sulphuric acid; if it be unimpaired (*i. e.*, if some proportion of the sulphite be unoxidised to sulphate) sulphurous acid is set free and the dyed fabric bleached.

Post-Mortem Accouchement.—Mrs. M. W., aged twenty years, far advanced in pregnancy, died suddenly, one day recently, at five o'clock in the evening, says *Le Progrès Médical.* On account of the late hour the husband did not report the death until the day after, when, at two o'clock, a physician examined the corpse, and on account of the great heat of the weather he ordered that the inhumation should take place on the same day. At seven o'clock, when the undertaker appeared, he was astonished to find an infant alongside of the cadaver of the woman. The corpse had given birth to a lifeless child about twenty hours after death. The facts are established by the physician.

MISCELLANY.

—J. W. Mires (*Med. Brief*) states that, in dressing a wound where an artery had been severed, he mixed powdered nitrate of silver and iodoform together, and poured the powder into the wound. The moment the mixture touched the moist wound it ignited, blazing up about twelve inches. The patient stated that it was entirely painless. Dr. M. suggests that as a painless cautery this might be useful in many cases.

—The Chicago *Tribune* notes as an interesting fact, not only that physicians headed the list of suicides last year, but that they have headed it every year in the last ten. This promises to be still more conspicuous this year, as in the first twelve days of January last no less than seven physicians committed suicide in the United States.

—A French anatomist has examined the skeletons of eighty-six chimpanzees, gorillas and orang-outangs, and asserts that he has found in them bone diseases like those which afflict mankind, and in about the same proportion. But he has failed to find any which would suggest syphilitic changes.

—The Papyrus Ebers is said to be the oldest medical work in the world, dating 1550 years B. C. It has lately been translated into German by Dr. Heinrich Joachim. It consists mainly of receipts, interspersed with proverbs. In some passages advice as to the examination of patients is given. In other places the prognosis indicated by certain symptoms is given. By it we learn that the old Egyptian physicians practiced palpation of the abdomen. We also are presented with descriptions of cutaneous symptoms and hints of what was probably syphilis.

—A little girl in Live Oak, Florida, now four years old, has menstruated since she was two years and nine months of age. She is fully developed, and has every appearance of a woman except stature.

—A prominent Louisville physician was recently heard giving the following sage advice to a young student: Never, never, send in a bill for odd dollars or cents. For instance, suppose my bill for some particular case amounts to $450. Instead of making it out for that amount, I make it an even $500, and—get it. A man would just as soon pay that as the odd $50, and in nine cases out of ten he will grumble at the former bill and pay the latter without a murmer.

—The *Times and Register* says, apropos of "Dr." Harris' trial for murdering his wife, that in some States the physician is forbidden by law to attend his own family, and should be in all.

—A magnificent microscope has just been completed at Munich for the Chicago exposition, at a cost of $8,750. It possesses a magnifying power of 11,000 diameters, which with the oil immersion can be increased to 16,000. Electricity furnishes and regulates the source of light, which, placed in the focus of a parabolic aluminum reflector, reaches an intensity of 11,000 candle power.

—There are about 2,000 foreign students at German universities; 331 of them are from Russia, 293 from Austria, 225 are Swiss, and 436, the remainder, Americans.

—A French court has decided that the person taking the initiative in calling a medical practitioner to a patient has thereby made himself liable for the fee.

—Three life insurance companies in Great Britain have given up the medical examination of applicants for insurance.

—*The Medical Summary* says the monobromide of camphor has been successfully used in spermatorrhœa where a host of remedies have failed.

—According to the *Modern Church*, patent medicines are appreciated in Burmah. A woman missionary in that country once came upon a village where cholera was raging. Having with her a quantity of a famous pain-killer, she went from house to house administering the remedy to individuals, and left a number of bottles to be used after she had gone. Returning to the village some months after, the missionary was met by the head man of the community, who cheered and delighted her by this intelligence: "Teacher, we have come over to your side; the medicine did us so much good that we have accepted your God." Overjoyed at this news, she was conducted to the house of her informant, who, opening a room, showed her the pain-killer bottles solemnly ranged in a row upon the shelf, and before them the whole company immediately prostrated themselves in worship.

—An Irish high court has decided that injury to a physician resulting in blood-poisoning and death is an accident, so that accident insurance companies are compelled to pay such insurance. Hereafter blood-poisoning from accident will not be repudiated by the accident insurance companies.

—A competitive examination for junior assistant will be held at the Grace Hospital, Detroit, Mich., June 1st.

—A Hot Springs doctor has a quart jar filled with the remnants of circumcision and labeled "Clippings from the Arkansaw Traveler."

—Koch refuses to sell or describe his improved tuberculin until he shall have tested it in private beyond doubt.

—The statue of Dr. J. Marion Sims is now completed, and will be soon placed on its granite pedestal, designed by the sculptor, Ferdinand N. Miller, of Bavaria. The statue is a full-length figure, is bronze, nine feet in height, and a life-like representation of the great gynæcologist.

—Dr. Fergusson recommends strophanthus as a very efficent remedy in ex-opthalmic goitre, given in from eight to ten drop doses three times a day.

—Dr. Robertson finds the use of benzol, in two-minim doses in mucilage or sugar, of great benefit in whooping cough.

—Dr. Valpian thinks the salicylate of lithia a better remedy in rheumatism than salicylate of soda.

—The timid railroad traveller may pluck up courage. The chance of getting killed *en route*, according to the statistics for 1891, is only one in 2,519,851. It is claimed that a passenger riding continuously, at the rate of thirty miles an hour, might expect immunity from death by railroad accidents for a period of 158 years; but an engineer, a brakeman or a conductor, under the same conditions, is liable to a fatal accident at the expiration of thirty-four years.

—A Parisian woman was arrested for evacuating her bladder upon the public street, but the judge discharged her upon the ground that no provision was made for women to answer the calls of nature, except on payment of a fee; in case of necessity the laws of health can not be superseded by statutory enactment.

—Yale College has decided that next fall women will be admitted to all its post-graduate courses with the degree of Doctor of Philosophy. It is not the design to establish an annex or other rival of the colleges already existing for women, but to receive the graduates of those colleges on the same footing as the other sex, and give them as good opportunities in its post-graduate course for the most advanced research and education as can be found in Europe. Yale is the first of the great universities in this country to make this change, which, we presume, will be speedily followed by all the others.